

<b>Case Number:</b>	CM15-0138024		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/03/2000
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old female patient who sustained an industrial injury on 04/03/2000. A primary treating office visit dated 04/09/2015 reported the patient with subjective complaint of having neck, shoulder and arm pain. She states having persistent neck, and arm pain that had some good relief from the administration of a cervical epidural injection. The pain is associated with muscle spasm and tightening. There is mention of prior denial. She is reported as stable with current medications. Current medications consist of Roxicodone, Neurontin, Amrix, Savella, Miralax, Lidoderm % 5 patches, and MS Contin 15 ER. She is noted allergic to Motrin. The assessment found the patient with: cervical radiculitis; cervical pain; reflex, sympathetic dystrophy of the upper limb; other chronic postoperative pain; other chronic pain, and fibromyalgia/myalgia. All medications were refilled this visit. At a follow up dated 06/04/2015, she had subjective complaint of persistent neck, bilateral shoulders, and left arm pain. Medication regimen note unchanged. There is recommendation to undergo a magnetic resonance imaging study of the cervical spine, and recommending another cervical epidural injection. Back at a follow up on 12/18/2014 there was recommendation and denial for a MRI. Medication regimen consisted of: Kadian, Roxicodone, Neurontin, Amrix, Savella, Miralax, Lidoderm % 5 patches.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**POS Gabapentin Tab 800mg Day Supply: 30 QTY: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs (AEDs), including Gabapentin, as a treatment modality. AEDs are typically used for the treatment of neuropathic pain. Gabapentin is considered a first-line AED for this condition. However, the MTUS Guidelines also provide expectations on the monitoring of outcomes when using an AED. These guidelines state the following: Outcome: "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, there is insufficient evidence of improved outcomes based on the use of Gabapentin. There is insufficient documentation as to the percent reduction in pain, as suggested above. There is insufficient documentation to indicate that Gabapentin has been associated with increased function or decreased use of other analgesic medications. Without evidence of efficacy, the continued use of Gabapentin is not medically necessary.

**POS Oxycodone Tab 10mg Day Supply: 30 QTY: 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Oxycodone. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be

evidence of documentation of the "4 A's for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Oxycodone is not considered as medically necessary.

**POS Amrix Cap 30mg Day Supply: 30 QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants such as Amrix (also known as Cyclobenzaprine). These guidelines recommended Amrix as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, the records indicate that Amrix is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited guidelines, only short-term use of this class of medication is recommended. There is insufficient documentation in the medical records to justify long-term use. Therefore, Amrix is not medically necessary.