

<b>Case Number:</b>	CM15-0141648		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	01/08/1992
<b>Decision Date:</b>	08/28/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 62 year old male who sustained a work related injury January 8, 1992. Past history included anterior-posterior fusion initially L4-5 L5-S1, post fusion L3-4. According to a pain management re-evaluation follow-up visit, dated July 9, 2015, the injured worker presented with increased pain, burning and tingling, starting in the lower back, radiating down the back of his legs into the bottom of his feet, left greater than right, with weakness. A trial of Percocet and Nucynta kept his pain at a tolerable level and Tramadol and Neurontin are working well. He also takes Norco as needed for pain. He reports sleep quality poor, waking every couple of hours during the night. He goes to a gym, walks and swims for pain relief. Diagnoses are lumbago; lower extremity neuropathy; post-laminectomy syndrome, lumbar region; spasm of muscle. Treatment plan included; review and consent reestablished for medical management, recommendation for regular home exercise-physical therapy on an ongoing basis, discussed urine drug testing April 2015, results consistent, and at issue, the request for authorization for Percocet, Nucynta, and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury and is being treated for chronic low back pain with lower extremity radiating symptoms. When seen, a trial of Percocet and Nucynta had resulted in a tolerable level of pain. He had been prescribed Norco and tramadol by his primary care physician pending follow-up. Physical examination findings included a BMI of nearly 30. Medications were prescribed including Percocet, tramadol, and Nucynta at a total MED (morphine equivalent dose) of over 200 mg per day. Gabapentin is being prescribed at 1800 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and there is no evidence that medications are providing decreased pain through documented VAS scores, increased level of function, or improved quality of life. The claimant is also noted to be receiving opioid prescriptions from more than one provider. Ongoing prescribing at this dose is not medically necessary.

**Nucynta 150 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury and is being treated for chronic low back pain with lower extremity radiating symptoms. When seen, a trial of Percocet and Nucynta had resulted in a tolerable level of pain. He had been prescribed Norco and tramadol by his primary care physician pending follow-up. Physical examination findings included a BMI of nearly 30. Medications were prescribed including Percocet, tramadol, and Nucynta at a total MED (morphine equivalent dose) of over 200 mg per day. Gabapentin is being prescribed at 1800 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended and there is no evidence that medications are providing decreased pain through documented VAS scores, increased level of function, or improved quality of life. The claimant is also noted to be receiving opioid prescriptions from more than one provider. Ongoing prescribing at this dose is not medically necessary.

**Neurontin 600 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): 16-18.

**Decision rationale:** The claimant has a remote history of a work injury and is being treated for chronic low back pain with lower extremity radiating symptoms. When seen, a trial of Percocet and Nucynta had resulted in a tolerable level of pain. He had been prescribed Norco and tramadol by his primary care physician pending follow-up. Physical examination findings included a BMI of nearly 30. Medications were prescribed including Percocet, tramadol, and Nucynta at a total MED (morphine equivalent dose) of over 200 mg per day. Gabapentin is being prescribed at 1800 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with that recommendation. The claimant has neuropathic radicular pain affecting the lower extremities. Ongoing prescribing is medically necessary.