

<b>Case Number:</b>	CM15-0146443		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	09/09/1992
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented a [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 9, 1992. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for Neurontin and Nucynta. The claims administrator referenced an RFA form received on July 5, 2015 in its determination. A July 2, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On July 29, 2015, the applicant reported ongoing issues with shoulder, forearm, and neck pain status post earlier failed cervical spine surgery. The attending provider contended that the applicant would be bedridden without her medications. An average pain score of 5/10 was reported, along with 10/10 pain without medications versus 3/10 with medications. The attending provider stated that the applicant was having difficulty sleeping without her medications. The applicant's medications included Nucynta, Ambien, Seroquel, Soma, Neurontin, Medrol, Fexmid, Tenormin, hydrochlorothiazide, and Mevacor, it was reported. Multiple medications were renewed and/or continued. The applicant's permanent work restrictions were renewed. The applicant was asked to pursue a psychological evaluation. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place. On May 7, 2015, the applicant reported ongoing complaints of neck and upper back pain. The attending provider again posited the applicant will be unable to function without any medications. The attending provider stated that the applicant would be bedridden without her medications, which included Nucynta, Ambien, Seroquel, Soma, Neurontin, Flexeril, Tenormin, Mevacor, and hydrochlorothiazide. The applicant had undergone

multiple failed cervical spine surgeries. The applicant was off work, had been deemed "disabled," the treating provider reported. The applicant had not worked since 1994, it was acknowledged. The attending provider stated the applicant's scores were reduced from 10/10 without medications to 3/10 with medications, but noted an average pain of score 6/10 in the clinic.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurontin 600mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone<sup>TM</sup>, generic available) Page(s): 19.

**Decision rationale:** No, the request for Neurontin (gabapentin), an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin (Neurontin) should be asked "at each visit", as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off work, and had been deemed disabled since 1994, it was reported on a progress note of May 7, 2015, referenced above. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Nucynta and/or non-opioid agents such as Flexeril and Soma. Permanent work restrictions were renewed, unchanged, for visit-to-visit, despite ongoing usage of Neurontin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Nucynta 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nucynta (Tapentadol); opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Nucynta, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work, it was reported on May 7, 2015. The applicant had not worked since 1994. The applicant was receiving and/or had received both workers compensation indemnity benefits and disability insurance benefits, it

was suggested. While the attending provider did recount reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Nucynta usage (if any). The attending provider's commentary to the effect that the applicant was bedridden without medication consumption did not constitute evidence of a substantive benefit effected as a result of the same. Therefore, the request was not medically necessary.