

<b>Case Number:</b>	CM15-0161557		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/18/2011
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, 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 56-year-old female with an industrial injury dated 02-18-2011. The injured worker's diagnoses include status post right total hip replacement with revision with right short leg discrepancy with altered body mechanics; lumbar sprain and strain; right knee degenerative joint disease; development of posttraumatic stress disorder, anxiety and depression following her injury; chronic right shoulder pain; chronic nausea from medications; anxiety disorder and depression. Treatment consisted of MRI of the lumbar spine and right knee, electromyography (EMG) and nerve conduction studies (NCS), prescribed medications, custom shoe and periodic follow up visits. In a progress note dated 07-02-2015, the injured worker reported ongoing right-sided back, hip pain, leg pain and weakness. The injured worker uses a cane for ambulation. The injured worker reported persistent right shoulder pain, ongoing chronic anxiety and depression. The injured worker also reported the inability to function without medication. The injured worker rated current pain a 8 out of 10, a 4 out of 10 at best with medications and a 10 out 10 without medications. Objective findings revealed limited range of back motion, contusion over the right lumbar paraspinal region, muscle spasm, right short leg discrepancy by a ¼ inch, absent right Achilles reflex and decrease sensation in the right lateral calf and bottom of foot. Right knee exam revealed crepitus, painful patellar compression, and diffuse atrophy in the right thigh compared to left. Right hip exam revealed tenderness over the trochanter and pain with flexion and external rotation. Right shoulder exam revealed tenderness over the subacromion, limited range of motion, crepitus, and positive impingement sign. The treatment plan consisted of medication management. The treating physician prescribed Ativan 1mg #90, Neurontin 300mg #120, Norco 10-325mg #120 and Senokot #120 (unspecified

dosage), now under review.

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

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

**Ativan 1mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative-hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4-2015. As the treatment is not recommended for long-term use, the request is not medically necessary.

**Neurontin 300mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." With regard to medication history, the injured worker has been using Neurontin since at least 11-2014. Per MTUS CPMTG p17, "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." The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed and therefore is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Review of the available medical records reveals insufficient documentation to support the medical necessity of Norco, nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been adequately addressed by the treating physician in the documentation available for review. Per progress report dated 7-29-15, it was noted that the injured worker rated her pain 8-10, 4-10 at best with the medications, and 10-10 without medications. She reported 50% reduction in pain and functional improvement with the medications versus not taking them at all. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. Per the progress reports submitted for review, it was noted that UDS have been appropriate, however, no UDS reports were provided for review. It was noted that opiate contract was on file. I respectfully disagree with the UR physician, the request is medically necessary.

Furthermore, at 40mg-day of hydrocodone, the MED is low.

**Senokot #120 (unspecified dosage):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**Decision rationale:** Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. As the injured worker suffers from constipation associated with opiate use, the request is medically necessary.