MAXIMUS Federal Services

| Case Number: | CM15-0163108 | | |
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| Date Assigned: | 09/02/2015 | Date of Injury: | 08/10/2010 |
| Decision Date: | 10/19/2015 | UR Denial Date: | 07/17/2015 |
| Priority: | Standard | Application Received: | 08/19/2015 |

## 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: 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 48 year old male with an industrial injury dated 08-10-2010. His diagnoses included chronic lumbar back pain status post lumbar surgery times 2, chronic left leg radicular symptoms, chronic left testicular swelling secondary to his lumbar surgery and history of postoperative cardiac arrhythmia. Prior treatment included lumbar surgery, physical therapy, epidural steroid injection and medications. He presents on 06-23-2015 with complaints of lower back pain and numbness in the left leg from the knee down. He also complained of some pain in his left testicle. Physical exam noted left testicular tenderness and paralumbar tenderness from lumbar 2 to lumbar 5 through sacral 1 with slight spasm. He was on modified duty status. A Pain Disability Index was performed on June 23, 2015 identifying significant functional improvement with tramadol. A progress report dated May 22, 2015 states that the patient has previously been on gabapentin. It also recommends initiating treatment with baclofen, Motrin, and tramadol. The treatment request is for: Tramadol Hydrochloride 50 mg #120 for the date of service 6/23/15. Tramadol Hydrochloride 50 mg #120 for date of visit 5/22/15. Neurontin 100 mg #90 with 3 refills, Motrin 800 mg #90 with 3 refills, Baclofen 10 mg #120 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol Hydrochloride 50mg #120 for date of visit 5/22/15:** Overturned

**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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Tramadol Hydrochloride 50mg #120 for date of visit 5/22/15, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that this medication was 1st prescribed on May 22, 2015. A one-month prescription should give the requesting physician time to document whether the medicine provides any analgesic efficacy or functional improvement. The patient is noted to have significant pain which limits the ability to function and has failed other conservative treatment options. As such, the currently requested Tramadol Hydrochloride 50mg #120 for date of visit 5/22/15 is medically necessary.

**Tramadol Hydrochloride 50mg #120 for the date of service 6/23/15:** Overturned

**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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Tramadol Hydrochloride 50mg #120 for the date of service 6/23/15, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears this medicine was started the month prior. Notes identify substantial improvement in function. It is acknowledged, that there is no documentation regarding specific analgesic efficacy. However, in light of the substantial functional improvement, analgesic efficacy can be inferred. No intolerable

side effects are noted. Future follow-up should better document analgesic efficacy, discussion regarding side effects, and techniques being utilized to reduce the risk of aberrant use. However, a one-month prescription should allow the requesting physician time to document those things. As such, the currently requested Tramadol Hydrochloride 50mg #120 for the date of service 6/23/15 is medically necessary.

**Baclofen 10mg #120 with 3 refills:** 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): Muscle relaxants (for pain).

**Decision rationale:** Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, it appears that the patient does have myofascial pain and muscle spasms. It appears this medicine was being initiated at that time for the patient's significant pain. A one-month prescription of this medication may be reasonable. However, a one-month prescription with 3 refills is not supported in the absence of documentation of analgesic efficacy and objective functional improvement. Furthermore, a four-month prescription is inconsistent with guideline recommendations that these medications be used for short duration for flareups only. As such, the currently requested Baclofen is not medically necessary.

**Motrin 800mg #90 with 3 refills:** 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding the request for Motrin (ibuprofen), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears that this medicine was recently initiated. The patient is noted to have musculoskeletal complaints that have not responded to numerous other treatments. Therefore, a trial of Motrin seems reasonable. However, a one-month prescription with 3 refills is not supported in the absence of documentation of analgesic efficacy, objective functional improvement, and discussion regarding side effects. Additionally, a 4 month prescription does not support guideline

recommendations to use the lowest dose possible for the shortest period of time. As such, the currently requested Motrin (ibuprofen) is not medically necessary.

**Neurontin 100mg #90 with 3 refills:** 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:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.