

<b>Case Number:</b>	CM15-0169613		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	05/19/2003
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, 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:

This injured worker is a 66 year old male who reported an industrial injury on 5-19-2003. His diagnoses, and or impression, were noted to include: peripheral neuropathy; limb pain; and degenerative disc disease. No current imaging studies were noted; toxicology screenings were done on 2-2-2015 & 6-26-2015, noting consistent findings. His treatments were noted to include medication management with a treatment agreement and toxicology studies. The pain management physician's progress notes of 7-21-2015 noted a follow-up visit for medication refills, and stated complaints of persistent and chronic, moderate right knee pain, aggravated by activity; and that his medication regimen provided reasonable pain control and improved ability to function on a daily basis. Objective findings were noted to include: morbid obesity; tenderness on the medial knee joint-line of the right knee that was with painful and restricted range-of-motion. The physician's requests for treatments were not noted to include refills for Oxycodone 10 mg #90, and Oxycontin Extended Release 30 mg #60, for limb pain; Gabapentin 600 mg #30 was noted not to be filled for limb pain at this visit. The Utilization Review of 7-31-2015 non-certified the request for Gabapentin 600 mg #90, Oxycodone 10mg #90, and Oxycontin 30 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg quantity 90 x 2:** 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): Anti-epilepsy drugs (AEDs).

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

**Oxycodone 10mg quantity 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months without documentation of reduction in pain scores with the use of the medication. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Oxycodone is not medically necessary.

**Oxycontin 30mg quantity 60:** 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 for chronic pain, Opioids for neuropathic pain, Opioids, dosing.

**Decision rationale:** According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for several months in combination with Oxycodone without information about reduction in pain scores with use of medications. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Oxycontin is not medically necessary.

