

<b>Case Number:</b>	CM15-0180832		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	07/31/2007
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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

### 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 75 year old female sustained an industrial injury on 7-31-07. Documentation indicated that the injured worker was receiving treatment for low back pain. Previous treatment included lumbar fusion (2010), lumbar fusion at L3-S1 (1-15-14), physical therapy, aqua therapy and medications. X-rays of the lumbar spine (8-25-15) showed progression of degenerative disc disease at L1-2 and otherwise stable postoperative and degenerative findings. In a PR-2 dated 1-6-15, the injured worker complained of ongoing pain, rated 8 out of 10 on the visual analog scale without medications and 4 out of 10 with medications. Physical exam was documented as no significant changes. Current medications included Tramadol, Neurontin, Colace, Plavix, Lactulose and Tizanidine. In PR-2's dated 2-4-15 and 3-4-15, the injured worker complained of pain 8 out of 10 without medications and 3 to 4 with medications. In a PR-2 dated 4-14-15, the injured worker stated that she had been doing much better. The injured worker rated her pain at 0 out of 10 when "she was not doing anything" and 3 out of 10 with activities. The injured worker stated that pool therapy had been quite helpful. Current medications included Gabapentin, Zanaflex, Tramadol, Colace, Plavix and Lactulose. In a PR-2 dated 8-13-15, the injured worker reported that she had twisted her back weeks ago after falling off a treadmill. Physical exam was remarkable for a large bruise over the left posterolateral thigh and tenderness to palpation across the lumbosacral junction and down toward the tailbone. The injured worker had "a difficult time" arising from a seated position. The treatment plan included continuing medications (Tramadol, Gabapentin, Zanaflex, Colace and Lactulose).

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retro Neurontin 800mg #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and functional status, decreased pharmacological dosing and medical utilization for this chronic 2007 injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The retro Neurontin 800mg #90 is not medically necessary and appropriate.

### **Retro Zanaflex 4mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2007 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The retro Zanaflex 4mg #60 is not medically necessary and appropriate.

### **Retro Tramadol 50mg #100: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The retro Tramadol 50mg #100 is not medically necessary and appropriate.