

<b>Case Number:</b>	CM15-0183978		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	03/27/2009
<b>Decision Date:</b>	11/02/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: 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 injured worker is a 45 year old male, who sustained cumulative industrial trauma injuries beginning on 03-27-2009. He has reported subsequent neck, back, bilateral hip and bilateral knee pain and was diagnosed with lumbar and cervical disc disorder and muscle spasm. MRI on 12- 15-2011 was noted to show disc degeneration at L4-L5 and L5-S1 with disc herniation lateralizing towards the left side at L5-S1. Treatment to date has included pain medication, physical therapy, chiropractic therapy, transcutaneous electrical nerve stimulator (TENS) unit, exercise, epidural steroid injections and massage therapy which were noted to have failed to significantly relieve the pain. Gabapentin was prescribed since at least 03-11-2015. In a progress note dated 05-13-2015, the physician noted that the injured worker was on daily narcotics including Oxycodone from 2006-2009 but had been off these drugs since September of 2014. In a progress note dated 08-27-2015, the injured worker reported neck, mid back, low back, bilateral hip and bilateral knee pain that was rated as 8 out of 10 with medications and 10 out of 10 without medications. Activity level and pain have remained unchanged since the last visit. The physician noted that the injured worker continued to travel back and forth to Thailand to conduct business. Objective examination findings showed restricted range of motion, pain with range of motion, hypertonicity, spasm, tenderness, tight muscle band and trigger points of the bilateral cervical paravertebral muscles, positive right sided lumbar facet loading test, trigger point and twitch response on palpation of the left lumbar paraspinal muscles on the right and left, decreased range of motion of the knees, crepitus and tenderness to palpation over the medial joint line and patella. The physician noted that 10 tablets of Oxycodone would be

requested "for the plane ride." A request for authorization of 10 tablets of Oxycodone 15 mg and 270 tablets of Gabapentin 800 mg was submitted. As per the 09-10-2015 utilization review, the request for 10 tablets of Oxycodone 15 mg was non-certified and the request for 270 tablets of Gabapentin 800 mg was modified to certification of 19 tablets of Gabapentin 800 mg.

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

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

#### **10 tablets of Oxycodone 15mg: 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.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker was previously taking Oxycodone but that medication was discontinued in 2014 and he was placed on Ultram which has reportedly provided pain relief and an increase in function. This request is for 10 Oxycodone for the plane trip he was taking to Thailand. There is no rationale included for the necessity of this medication for a plane trip, therefore, the request for 10 tablets of Oxycodone is determined to not be medically necessary.

#### **270 tablets of Gabapentin 800mg: 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:** The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. 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 antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. 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. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms, therefore, the request for 270 tablets of Gabapentin 800mg is determined to not be medically necessary.