

<b>Case Number:</b>	CM15-0191267		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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:

The injured worker is a 37 year old male, who sustained an industrial injury on 06-17-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right knee pain, right ankle pain, chronic neck pain, cervical herniated nucleus pulposus, and cervical radiculopathy. Medical records (03-10-2015) indicate ongoing cervical pain with radiation to both upper extremities and associated with numbness and tingling. Pain levels were not rated in severity, and activity levels and level of functioning were not discussed in progress notes. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-11-2015, revealed no specific findings, but did report a positive MRI of the cervical spine. Relevant treatments have included: cervical epidural steroid injections, physical therapy (PT), work restrictions, and pain medications (gabapentin and Ultracet since 08-11-2015). The request for authorization (09-08-2015) shows that the following medications were requested: gabapentin 300mg #60 with 3 refills, and Ultracet 37.5-325mg #60 with 6 refills. The original utilization review (09-14-2015) non-certified the request for gabapentin 300mg #60 with 3 refills, and Ultracet 37.5-325mg #60 with 6 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg Qty 60 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:** The patient was injured on 06/17/13 and presents with cervical spine pain with radiation to both upper extremities. The request is for Gabapentin 300 mg qty 60 with 3 refills for radicular pain. The RFA is dated 09/08/15 and the patient is to remain off of work, as of the 08/11/15 report. The 08/11/15 treatment reports mentions this medication; however, it is unclear if the patient was taking this before this request. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." The 08/11/15 report states that the patient has a positive MRI study of the cervical spine; however, there are no specifications on what this positive study revealed. He is diagnosed with HNP cervical spine, cervical radiculopathy, and neck pain. The treater does not specifically discuss efficacy of Gabapentin on the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin is not medically necessary.

**Ultracet 37.5/325 mg Qty 60 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

**Decision rationale:** The patient was injured on 06/17/13 and presents with cervical spine pain with radiation to both upper extremities. The request is for Ultracet 37.5/325 mg qty 60 with 6 refills for pain. The RFA is dated 09/08/15 and the patient is to remain off of work, as of the 08/11/15 report. The 08/11/15 treatment reports mentions this medication; however, it is unclear if the patient was taking this before this request. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6- month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function

and increased activity." MTUS, page 113 regarding Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The 08/11/15 report states that the patient has a positive MRI study of the cervical spine; however, there are no specifications on what this positive study revealed. He is diagnosed with HNP cervical spine, cervical radiculopathy, and neck pain. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Ultracet is not medically necessary.