

<b>Case Number:</b>	CM15-0199882		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/12/2003
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: New Jersey

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:

The injured worker is a 53 year old male, who sustained an industrial-work injury on 3-12-03. He reported initial complaints of back pain. The injured worker was diagnosed as having severe complex lumbar spine pain with radiculopathy, post laminectomy, neuropathia, scarring, and fibrosis, and sacroiliitis. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of increased chronic lumbar pain, neuropathy, and imbalance. Pain refers to buttock, leg and is associated with numbness, burning, and sharp shooting pains. Dilaudid was changed to MSIR (morphine sulfate). Without medication, pain would be 9 out of 10 and with medication is 3-4 out of 10. ADL's (activities of daily living) are then possible. There are no side effects and an opioid contract was signed with drug screening in compliance. Medications include MSIR 30 mg, Wellbutrin 300 mg, and Neurontin 300 mg. Per the primary physician's pain management visit on 8-20-15, exam noted alert and oriented, normal cervical curvature with mild paravertebral tenderness into the trapezius consistent with myofascial pain. The lumbar spine has normal curvature, healed scars, positive straight leg raise bilaterally, moderate to severe tenderness in the high lumbar area down to the sacrum and exquisite tenderness over the sacrococcygeal junction and mild sacroiliac tenderness, pain with lower extremity manipulation, and slight decreased sensation diffusely in lower leg. The Request for Authorization requested service to include MSIR 30 mg Qty 240, 8 times daily, 30-day supply and Neurontin 300 mg, 3 times daily. The Utilization Review on 9-23-15 modified the request for MSIR 30 mg Qty 150, 8 times daily, 30-day supply and denied Neurontin 300 mg, 3 times

daily, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

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

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

**MSIR 30 mg Qty 240, 8 times daily, 30 day supply: Upheld**

**Claims Administrator 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, differentiation: dependence & addiction.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient recent reporting of how MSIR had been significantly and independently helpful at improving function and lowering pain, measurably. There was only vague reporting seen in the notes suggesting the collective regimen of medications together improve activities of daily living. Also, an immediate acting medication used eight times a day seems inappropriate and if opioids were needed that frequently then long-acting medications might be more appropriate. It was unclear if this worker had failed attempts with other medications as such in the past. Regardless, without sufficient evidence of benefit currently, the MSIR is considered not medically unnecessary.

**Neurontin 300 mg, 3 times daily: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief,

improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was insufficient records submitted to reveal when Neurontin was first prescribed, and there was only limited evidence of neuropathy to support this medication. There was no recent report of effectiveness on function and reduction of pain to help justify its continuation. Regardless, however, it appears that this request was a mistake and a duplicate, with another request equal to this recently approved. The medication list in the notes lists this medication twice mistakenly. Therefore, this request is not medically necessary.