

<b>Case Number:</b>	CM15-0206311		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Pain Management

### 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 55 year old male, who sustained an industrial-work injury on 9-13-13. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, cervical Herniated Nucleus Pulposus (HNP), lumbar Herniated Nucleus Pulposus (HNP), and ulnar neuropathy of the elbow. Treatment to date has included pain medication, Gabapentin, Naproxen, Ultram, Cyclobenzaprine all since at least 4-20-15), physical therapy, diagnostics, lumbar epidural steroid injection (ESI), lumbar surgery and other modalities. The Tramadol is noted not to relieve the pain and caused vomiting and he also trialed Cymbalta that caused nausea and Effexor with complaints of daytime sleepiness. EMG-NCV (electromyography and nerve conduction velocity) testing was performed on 4-13-15 of the bilateral upper extremities and revealed an abnormal study with evidence of bilateral ulnar neuropathy at the elbow. Medical records dated (4-20-15 to 9-2-15) indicate that the injured worker complains of aching and tingling in the neck with radiation of pain and numbness to the bilateral hands. He also reports aching and burning of the low back with radiation of pain, tingling and numbness down the bilateral lower extremities (BLE) to the feet and much worse on the left. He also reports severe headaches and inability to sleep due to severe pain. The pain is rated 4-8 out of 10 on the pain scale and 7 out of 10 with medications which has been unchanged. Per the treating physician report dated 5-28-15 the injured worker has not returned to work. The physical exam dated 9-2-15 reveals tenderness of the cervical and lumbar spine, and decreased range of motion of the cervical and lumbar spine with pain in all planes. There is decreased sensory in the C5 and C6 bilaterally and decreased sensory in the L5 and S1. There is

positive Faber's sign bilaterally and positive straight leg raise on the left. A progress report dated April 20, 2015 indicates the medication reduces the patient's pain from 5/10 to 2/10. The medication allows the patient improved function specifically is able to walk, sit, and stand longer. Tramadol is recommended to be discontinued due to lack of clear functional benefit and intolerant G.I. side effects. Gabapentin is prescribed for neuropathic pain. Flexeril is prescribed to be used no more than 2 to 3 times a day and for no more than 1 to 2 weeks. Omeprazole is prescribed as G.I. prophylaxis. The request for authorization date was 9-2-15 and requested services included Gabapentin 600mg #60, Naproxen Sodium 550mg #60, Follow up pain management in four weeks, Ultram ER 100mg #60, Cyclobenzaprine 7.5mg #30, and Gabapentin 600mg #30. The original Utilization review dated 10-6-15 non-certified the request for Gabapentin 600mg #60, Naproxen Sodium 550mg #60, Follow up pain management in four weeks, Ultram ER 100mg #60, Cyclobenzaprine

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

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

#### **Gabapentin 600mg #60: Overturned**

**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:** Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and documentation of specific objective functional improvement from the patient's overall medication regimen. It is acknowledged, and that there should be better documentation identifying analgesic efficacy and objective functional improvement specifically as a result of the gabapentin. However, a one-month prescription, as requested here, should allow the requesting physician time to better document those items. As such, the currently requested gabapentin is medically necessary.

#### **Naproxen Sodium 550mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and documentation of specific objective functional improvement from the patient's overall medication regimen. It is acknowledged, and that there should be better documentation identifying analgesic efficacy and objective functional improvement specifically as a result of the gabapentin. However, a one-month prescription, as requested here, should allow the requesting physician time to better document those items. As such, the currently requested gabapentin is medically necessary.

**Follow up pain management in four weeks:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition (text, page 127) Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Office visits.

**Decision rationale:** Regarding the request for follow up pain management in four weeks, California MTUS does not specifically address the issue. ODG cites that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient is currently taking multiple medications that warrant routine reevaluation for efficacy and continued need. Additionally, consideration is being given to interventional treatments. As such, the currently requested Follow up pain management in four weeks is medically necessary.

**Ultram ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing.

**MAXIMUS 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 for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Ultram ER (tramadol), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, notes indicate the tramadol is not improving the patient's symptoms and causing intolerable side effects. Tramadol has been recommended to be discontinued. As such, the currently requested Ultram ER (tramadol) is not medically necessary.

**Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain.

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

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

**Gabapentin 600mg #30:** Overturned

**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:** Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit and documentation of specific objective functional improvement from the patient's overall medication regimen. It is acknowledged, and that there should be better documentation identifying analgesic efficacy and objective functional improvement specifically as a result of the gabapentin. However, a one-month prescription, as requested here, should allow the requesting physician time to better document those items. As such, the currently requested gabapentin is medically necessary.