

<b>Case Number:</b>	CM15-0021857		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	07/16/2005
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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 64 year old male who sustained an industrial injury on 06/29/06. The mechanism of injury was not provided. He reports pain in the cervical and lumbar spine. Treatments to date include medications, spinal cord fusion, and a spinal cord stimulator. Diagnoses include post laminotomy pain syndrome with chronic left lumbar radiculitis, left shoulder impingement, status post left upper extremity crush injury with persistence of deformity, alkalosis, neurapraxia, major depressive disorder, and sleep disorder. In a progress noted dated 01/08/15 the treating provider reports the need for continued medications due to residual pain and cramping. The injured worker reported adequate paresthesias in the back and lower extremities with stimulation. The injured worker indicated the spinal cord stimulator was helpful, and there was improvement in mood and suffering. The objective findings revealed painful lumbar spine range of motion, with a positive straight leg raise. The injured worker had painful limited cervical range of motion with slight tenderness. The treatment plan included Tramadol 50 mg 1 by mouth every 6 hours, Gabapentin 600 mg by mouth 3 times a day, and the documentation indicated the injured worker's narcotics had been discontinued. On 01/23/15, Utilization Review non-certified Nucynta, Neurontin, Naproxen, and Ultram, citing MTUS Guidelines. Quinine Sulfate was also non-certified, citing Non-MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 200mg #600:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The cumulative dosing of opioids as requested would be 168 mg of daily oral morphine equivalence. The request per the documentation was for 60 tablets of Nucynta, not 600. This was not a basis for denial. There was a lack of documentation of objective functional improvement and an objective decrease in pain, and documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nucynta ER 200mg #600 is not medically necessary.

**Neurontin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% pain relief with documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600mg #90 is not medically necessary.

**Naproxen 500mg #80:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and documentation of an objective pain relief. The request as submitted failed to include the frequency for the requested medication. Given the above, the request for Naproxen 500mg #80 is not medically necessary.

**Quinine Sulfate 324mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/quinine.html>.

**Decision rationale:** Per drugs.com, Quinine is utilized to treat leg cramps. However, it is not FDA approved for this usage. There was a lack of documentation for the rationale for the use of the medication. The rationale was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Quinine Sulfate 324mg #30 is not medically necessary.

**Ultram 50mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The cumulative dosing would be 168 mg, which exceeds the maximum recommendations. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the opiates had been stopped. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultram 50mg #50 is not medically necessary.