

<b>Case Number:</b>	CM15-0029200		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/23/1998
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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 67-year-old female, who sustained an industrial injury on 3/23/1998. She reports repetitive injury to the neck and thoracic area while working as a bus driver. Diagnoses include degenerative disc disease. Treatments to date include home exercises, physical therapy and medication management. A progress note from the treating provider dated 1/12/2015 indicates the injured worker reported neck pain. On 1/27/2015, Utilization Review non-certified the request for Gabapentin 300 mg #60, Tramadol ER 100 mg #30, Lidoderm 5% patches #2 and modified the Norco 10/325 mg #60 to #54, citing MTUS.

### 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:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** Based on the 12/10/14 and 01/12/15 treater reports, the patient presents with neck pain that radiates to her upper arm, rated 4/10. The request is for GABAPENTIN 300MG QTY 60. Patient's diagnoses include degenerative disc disease. Treatments to date include home exercises, physical therapy and medication management. Patient's current medications include Gabapentin, Tramadol, Lidoderm, Norco, Dyazide, Estrace Cream, Lisinopril, Synthroid, Voltaren gel, Norvasc, Lidoderm patches, glucosamine/chondroitin iron, Selenium and B12 Vitamin. Patient is retired. MTUS has the following regarding Gabapentin on pg 18,19: Gabapentin (Neurontin, Gabarone, generic available) 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." Per treater report dated 12/10/14 treater states, "Patient has been approved for her medications including Tramadol ER, Norco and Gabapentin. She states that this pain medication combination has been working very well for her with good pain control." Patient has been prescribed Gabapentin per treater reports dated 10/22/14, 11/10/14, 12/10/14 and 01/12/15. Given patient's radicular pain and benefit from medication, the request appears reasonable and indicated by guidelines. Therefore, the request for Gabapentin IS medically necessary.

**Tramadol ER 100 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol CRITERIA FOR USE OF OPIOIDS Page(s): 113, 76-78, 88-89.

**Decision rationale:** Based on the 12/10/14 and 01/12/15 treater reports, the patient presents with neck pain that radiates to her upper arm, rated 4/10. The request is for TRAMADOL ER 100MG QTY30. Patient's diagnoses include degenerative disc disease. Treatments to date include home exercises, physical therapy and medication management. Patient's current medications include Gabapentin, Tramadol, Lidoderm, Norco, Dyazide, Estrace Cream, Lisinopril, Synthroid, Voltaren gel, Norvasc, Lidoderm patches, glucosamine/chondroitin iron, Selenium and B12 Vitamin. Patient is retired.MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for 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. MTUS Guidelines 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 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. Per treater report dated 12/10/14 treater states, "Patient has been approved for her medications including Tramadol ER, Norco and Gabapentin. She states that this pain medication combination has been working very well for her with good pain control." Tramadol is included per treater reports 05/15/14, 09/08/14 and 01/12/15. The urine toxicology administered in September 2014 was consistent with the prescribed medications. However, treater has not stated how Tramadol significantly improves patient's activities of daily living. The use of opiates

require detailed documentation regarding pain and function as required by MTUS. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Lidoderm 5 Percent Patches (Boxes) Qty 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocainetopical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

**Decision rationale:** Based on the 12/10/14 and 01/12/15 treater reports, the patient presents with neck pain that radiates to her upper arm, rated 4/10. The request is for LIDODERM 5 PERCENT PATCHES QTY 2. Patient's diagnoses include degenerative disc disease. Treatments to date include home exercises, physical therapy and medication management. Patient's current medications include Gabapentin, Tramadol, Lidoderm, Norco, Dyazide, Estrace Cream, Lisinopril, Synthroid, Voltaren gel, Norvasc, Lidoderm patches, glucosamine/chondroitin iron, Selenium and B12 Vitamin. Patient is retired. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy - tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. Per treater report dated 02/10/14, Treater states, "Prescribing Lidoderm patches to help with patient's neuropathic pain." Lidoderm patches were included per treater reports dated 02/10/14, 04/16/14 and 05/15/14. It appears the patient received a trial of Lidoderm Patches, however, the treater does not document specific increase in function or reduction in pain while discussing efficacy. Hence, the request IS NOT medically necessary.

**Norco 10/325 MG Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** Based on the 12/10/14 and 01/12/15 treater reports, the patient presents with neck pain that radiates to her upper arm, rated 4/10. The request is for NORCO 10/325MG QTY 60. Patient's diagnoses include degenerative disc disease. Treatments to date include home

exercises, physical therapy and medication management. Patient's current medications include Gabapentin, Tramadol, Lidoderm, Norco, Dyazide, Estrace Cream, Lisinopril, Synthroid, Voltaren gel, Norvasc, Lidoderm patches, glucosamine/chondroitin iron, Selenium and B12 Vitamin. Patient is retired. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS 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 p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per treater report dated 12/10/14 treater states, "Patient has been approved for her medications including Tramadol ER, Norco and Gabapentin. She states that this pain medication combination has been working very well for her with good pain control." Norco is included per treater reports dated 04/16/14, 09/08/14 and 01/12/15. The urine toxicology administered in September 2014 was consistent with the prescribed medications. However, treater has not stated how Norco significantly improves patient's activities of daily living. The use of opiates require detailed documentation regarding pain and function as required by MTUS. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.