

<b>Case Number:</b>	CM15-0215916		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	12/30/2003
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Massachusetts

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 58 year old male who sustained an industrial injury on 12-30-03. He is not working. Medical records indicate that the injured worker has been treated for diabetes; myocardial infarction from lumbar spine surgery; cerebrovascular accident with hemiparesis; left shoulder pain, superior labrum anterior on posterior lesion; bilateral carpal tunnel syndrome; left eye blindness; chronic neck pain; L1 burst fracture; left L5 radicular pain; possible reflex sympathetic dystrophy of left lower extremity with negative bone scan and negative sympathetic block; peripheral polyneuropathy. He currently (10-7-15) has decreased range of motion with cervical flexion and extension; pain with lumbar extension; positive left straight leg raise seated. His pain level without medication was 9 out of 10 and with medication was 3-4 out of 10. He is able to walk longer distances with medication usage, he walks his dog for 1 mile, and he is able to self-care, light household chores, cooking. Urine drug screen dated 8-5-15 was consistent with medication prescribed. There was an updated opioid agreement on file. His pain levels were consistent from 11-16-14 through 10-7-15) as were his activities of daily living. Diagnostics include computed tomography myelogram (9-16-09) showing left-sided foraminal stenosis at L5-S1; MRI of the left shoulder (2-2010) showing medial insertional tear. Treatments to date include include C4 through C7 fusion (2010); medication: Norco, gabapentin which was helpful with paresthesia down the legs (on both Norco and gabapentin since at least 11-26-14), amitriptyline which helps with nerve pain and sleep. The request for authorization dated 10-20-15 was for Norco 10-325mg #180; Norco 10-325mg #180 (do not fill until 11-6-15); gabapentin 800mg #90 with 2 refills. On 10-30-15 Utilization review non-certified the requests for Norco

10-325mg #180; Norco 10-325mg #180 (do not fill until 11-6-15); gabapentin 800mg #90 with 2 refills, modified to #60 with 0 refills.

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

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

**Norco 10/325mg #180:** Overturned

**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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury in December 2003 when he fell from a ladder sustaining an L1 burst fracture. He underwent surgery with temporary improvement. He had an anterior cervical decompression and fusion in June 2010. He continues to be treated for chronic pain including a diagnosis of left lower extremity RSD. Medications are referenced as decreasing pain from 9/10 to 3-4/10 with improved walking tolerance and ability to exercise daily. When seen, there was decreased cervical spine range of motion. He had pain with lumbar extension. Left straight leg raising was positive. Norco and gabapentin were refilled. The gabapentin dose was 2400 mg per day and the total MED (morphine equivalent dose) was 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Norco 10/325mg #180 (do not fill until 11/06/2015):** Overturned

**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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

**Decision rationale:** The claimant has a remote history of a work injury in December 2003 when he fell from a ladder sustaining an L1 burst fracture. He underwent surgery with temporary improvement. He had an anterior cervical decompression and fusion in June 2010.

He continues to be treated for chronic pain including a diagnosis of left lower extremity RSD. Medications are referenced as decreasing pain from 9/10 to 3-4/10 with improved walking tolerance and ability to exercise daily. When seen, there was decreased cervical spine range of motion. He had pain with lumbar extension. Left straight leg raising was positive. Norco and gabapentin were refilled. The gabapentin dose was 2400 mg per day and the total MED (morphine equivalent dose) was 60 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

**Gabapentin 800mg #90 + 2 refills:** 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:** The claimant has a remote history of a work injury in December 2003 when he fell from a ladder sustaining an L1 burst fracture. He underwent surgery with temporary improvement. He had an anterior cervical decompression and fusion in June 2010. He continues to be treated for chronic pain including a diagnosis of left lower extremity RSD. Medications are referenced as decreasing pain from 9/10 to 3-4/10 with improved walking tolerance and ability to exercise daily. When seen, there was decreased cervical spine range of motion. He had pain with lumbar extension. Left straight leg raising was positive. Norco and gabapentin were refilled. The gabapentin dose was 2400 mg per day and the total MED (morphine equivalent dose) was 60 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is consistent with that recommendation and medications are providing pain relief. Ongoing prescribing was medically necessary.