

<b>Case Number:</b>	CM15-0218638		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2015

### 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, Occupational Medicine

### 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 41-year-old male, who sustained an industrial injury on December 03, 2009. The injured worker was diagnosed as having other intervertebral disc displacement of the lumbar region, other intervertebral disc degeneration of the lumbar region, post laminectomy syndrome not elsewhere classified, and lumbar radiculopathy. Treatment and diagnostic studies to date has included x-rays of the lumbar spine, magnetic resonance imaging of the lumbar spine, status post laminectomy of the lumbar spine, status post cervical fusion, and status post laminotomy with discectomy, and foraminotomy, physical therapy, transforaminal epidural steroid injection of the lumbar spine, laboratory studies, and magnetic resonance imaging of the cervical spine. In a progress note dated October 27, 2015 the treating physician reports complaints of pain to the low back that radiates to the left lower extremity. Examination performed on October 27, 2015 was revealing for an antalgic, slow, stooped gait, tenderness to the bilateral paravertebral muscles, decreased range of motion to the lumbar spine; tenderness, spasm, hypertonicity, and tight muscle bands to the bilateral lumbar spine; tenderness to the lumbar four and lumbar five spinous processes; positive straight leg raises on the left; tenderness to the sacroiliac spine; and decreased sensation to the lumbar two to sacral one dermatome on the left. The injured worker's medication regimen on October 27, 2015 and September 23, 2015 included Cymbalta, Gabapentin, and Oxymorphone HCl ER since at least April 27, 2015. The injured worker's pain level on October 27, 2015 and September 23, 2015 was rated an 8 on a scale of 1 to 10 with the use of his medication regimen and rated the pain a 10 on scale of 1 to 10 without the use of his medication regimen. The progress note on October 27, 2015 noted a decreased activity level. On October 27, 2015 the treating physician requested Gabapentin 300mg with a quantity of

180 and Oxymorphone HCl ER 20mg with a quantity of 90 noting current use of these medications as noted above. On November 03, 2015, the Utilization Review denied the request for Gabapentin 300mg with a quantity of 180 and Oxymorphone HCl ER 20mg with a quantity of 90.

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

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

#### **Gabapentin 300 mg Qty 180: 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:** MTUS 2009 states that antiepileptic drugs such as gabapentin are an option to treat peripheral neuropathic pain disorders such as postherpetic neuralgia and painful diabetic neuropathy. Gabapentin has been used to treat proximal peripheral compression neuropathies such as lumbar radicular syndromes, however, there are no studies which confirm its efficacy in treating these conditions. This patient is not diagnosed with a condition for which gabapentin is approved. The patient continues to report significant symptoms while on gabapentin. The patient continues to have significant functional limitations while using the gabapentin. Gabapentin has failed to optimally treat these radicular symptoms and its use is not consistent with evidence based guidelines. Gabapentin is not medically necessary in the care of this patient.

#### **Oxymorphone HCL ER 20 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioid hyperalgesia.

**Decision rationale:** MTUS 2009 states that opioids used to treat chronic nonmalignant pain should result in functional improvement. This patient reportedly has improved ability to perform chores at home. The patient continues to report significant pain while using these analgesic medications, however, and the clinical exam continues to show marked limitations due to pain. Furthermore there has been an exacerbation of pain without any significant change in structural findings which would explain the need for increased opioids. Evidence-based guidelines describe a phenomenon known as opioid hyperalgesia which can occur with prolonged use of opioids. The increased pain is not due to any anatomic abnormality but rather the body's response to long-term use of opioids. Increasing the dose of opioids will not appropriately treat opioid hyperalgesia. Oxymorphone is not medically necessary in the care of this patient.