

<b>Case Number:</b>	CM15-0033146		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	06/11/1995
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55-year-old female who sustained an industrial related injury on 6/11/95 due to being attacked by dogs. The injured worker had complaints of neck pain and back pain. Diagnoses included pain in joint, status post spinal cord stimulator implant, cervical facet arthropathy, cervical degenerated disc disease, lumbar degenerated disc disease, cervicgia, brachial neuritis or radiculitis, displacement cervical intervertebral disc without myelopathy, and acute reactions to stress. Treatment included L3-S1 laminectomy, cervical fusion C5-6 and C6-7, cervical injections, bilateral cervical radiofrequency ablation, and psychiatry sessions. Medications included Tizanidine, Oxycodone, Gabapentin, Cymbalta, Flector patch, and Voltaren gel. The treating physician requested authorization for Oxycodone HCL 30mg #210, Gabapentin 300mg #180 with 4 refills, and Voltaren 1% #300. On 2/11/15, the requests were non-certified. Regarding Oxycodone, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines noted there were no medical reports provided from the date of request and no additional information was received. Regarding Voltaren gel, the UR physician cited the MTUS and Official Disability Guidelines. The UR physician noted the guidelines do not support the use of Voltaren gel for the spine, hip, or shoulder. Regarding Gabapentin, the UR physician cited the MTUS guidelines and noted there was no documentation of the medical necessity for the medication. The medical records indicated the injured worker had minimal pain. Therefore, the request was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone HCL 30mg Qty: 210:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The four A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with her medications. Based on the above, the prescription of Oxycodone HCL 30mg QTY: 210 are not medically necessary.

**Gabapentin 300mg Qty: 180 Refills: 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**Decision rationale:** According to MTUS, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered first line treatment for neuropathic pain. However, there is a limited research to support its use of

musculoskeletal pain. There is no documentation of the efficacy of previous use of Gabapentin. Based on the above, the prescription of Gabapentin 300mg #180, with 4 refills, is not medically necessary.

**Voltaren 1% Qty: 300:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NONSELECTIVE NSAIDS Page(s): 111, 107.

**Decision rationale:** Voltaren Gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). According to MTUS, in Chronic Pain Medical Treatment, guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain, shoulder and knee pain. There is no evidence of osteoarthritis. Therefore, request for Voltaren gel 1% is not medically necessary.