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| <b>Case Number:</b>   | CM15-0050045 |                              |            |
| <b>Date Assigned:</b> | 04/17/2015   | <b>Date of Injury:</b>       | 03/01/1999 |
| <b>Decision Date:</b> | 05/19/2015   | <b>UR Denial Date:</b>       | 02/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/17/2015 |

### 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: Internal 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 68-year-old male, who sustained an industrial injury on March 1, 1999. The injured worker has been treated for bilateral knee pain and back pain. The diagnoses have included chronic pain, left knee degenerative joint disease, bilateral knee pain, constipation secondary to opioid use and insomnia. Treatment to date has included medications, cortisone injections, Synvisc injections, left shoulder surgery and a right knee arthroplasty times two. Current documentation dated January 30, 2015 notes that the injured worker reported chronic pain, constipation and insomnia. The pain was rated a six out of ten on the visual analogue scale. The injured worker was noted to walk with an antalgic gait. The abdomen was soft and non-tender with bowel sounds present. The injured worker reported having a bowel movement every three days and was taking Senna for the constipation. Examination of the knees and back was not provided. The treating physician's plan of care included a request for the medications Gabapentin, Percocet and MS Contin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg #30 with 11 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Pages 16-22. Gabapentin (Neurontin) Page 18-19.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Gabapentin (Neurontin) is considered as a treatment for neuropathic pain. A good response to the use of anti-epilepsy drugs (AEDs) has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The progress report dated 1/30/15 documented a history of chronic pain, hypertension, hyperlipidemia, hypothyroidism, knee degenerative joint disease, hypertestosteronemia, and total knee arthroplasty. Musculoskeletal physical examination demonstrated normal range of motion. No neurologic deficits were noted on physical examination. No tenderness was documented on physical examination. No physical examination of the knees was documented. No neuropathic pain was documented. The request for Gabapentin 300 mg #30 with 11 refills is not supported by MTUS guidelines. Therefore, the request for Gabapentin 300 mg #30 with 11 refills is not medically necessary.

**Percocet 7.5/325 mg #56 (3 prescriptions):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not

recommended for knee conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended. The date of injury was 03-01-1999. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. The progress report dated 1/30/15 documented a history of chronic pain, hypertension, hyperlipidemia, hypothyroidism, knee degenerative joint disease, hypertestosteronemia, total knee arthroplasty. Musculoskeletal physical examination demonstrated normal range of motion. No neurologic deficits were noted on physical examination. No tenderness was documented on physical examination. No physical examination of the knees were documented. Because the physical examination was unremarkable, the request for Percocet 7.5/325 mg is not supported. Therefore, the request for 3 prescriptions of Percocet 7.5/ 325 mg #56 is not medically necessary.

**MS Contin 15 mg #56 (3 prescriptions): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 13 Knee Complaints Page(s): 47-48, 346-347, Chronic Pain Treatment Guidelines Opioids Page 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. MTUS Chronic Pain Medical Treatment Guidelines recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. 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). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended. The date of injury was 03-01-1999. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines state that the long-term use of opioids is not recommended for knee conditions. The progress report dated 1/30/15 documented a history of chronic pain, hypertension, hyperlipidemia, hypothyroidism, knee degenerative joint disease, hypertestosteronemia, total knee arthroplasty. Musculoskeletal physical examination demonstrated normal range of motion. No neurologic deficits were noted on physical examination. No tenderness was documented on physical examination. No physical

examination of the knees were documented. Because the physical examination was unremarkable, the request for Percocet 7.5/325 mg is not supported. Therefore, the request for 3 prescriptions of Percocet 7.5/ 325 mg #56 is not medically necessary.