

<b>Case Number:</b>	CM15-0051510		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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 29 year old male, who sustained an industrial injury on 1/2/2014. The current diagnoses are status post crush injury to the right upper extremity, status post open reduction with internal fixation of the right radius and ulna, status post ulnar nerve allograft, right ulnar neuropathy with possible complex regional pain syndrome, cervical spine sprain/strain with right neck pain, and right shoulder pain with probable posterior labrum tear. According to the progress report dated 2/9/2015, the injured worker complains of electrical burning pain in the right upper extremity. There is pain predominantly over the path of the ulnar nerve. He has pain over the right hand and wrist that affects the fourth and fifth digits. He remains symptomatic with right-sided neck and shoulder pain. He notes skin and color changes, swelling, and weakness. The pain is rated 5/10 with medications and 9-10/10 without. The physical examination reveals tenderness to palpation over the right paracervical spinous musculature. The right upper extremity exam reveals tenderness of the acromioclavicular joint, slight discomfort with shoulder forward flexion, limited range of motion, and decreased strength. The current medications are OxyContin, Oxycodone, Gabapentin, Trazodone, and Laxacin. He notes 40-50% improvement with pain and function with his current medication regimen. He notes a significant decrease in burning sensation as well as improved ability to utilize his right upper extremity. Treatment to date has included medication management, MRI studies, physical therapy, electrical stimulation, ace wrap, psychological evaluation, stellate ganglion block, and surgical intervention times three. The plan of care includes prescriptions for Oxycodone, OxyContin, Gabapentin, and Trazodone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 5mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with right upper extremity pain rated 5/10 with and 9-10/10 without medications. The patient is status post 3 surgeries, unspecified dates. The request is for Oxycodone 5MG #150. RFA is not available. Diagnosis on 02/09/15 included status post crush injury to right upper extremity with ORIF right radius and ulna, status post nerve allograft, and right ulnar neuropathy with possible complex regional pain syndrome. Treatment to date has included surgeries, MRI studies, physical therapy, ace wrap, psychological evaluation, stellate ganglion block, and medications. Patient's medications include Oxycodone, Oxycontin, Gabapentin, Trazodone, and Laxacin. The patient is temporarily totally disabled, per 01/29/15 report. Treatment reports were provided from 08/28/14 - 02/09/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Oxycodone has been included in patient's medications, per treater reports dated 08/28/14, 11/14/14, and 02/09/15. Per 02/09/15 report, treater states the patient is "tolerating medications well and notes improvement in pain and function. The patient currently notes 40-50% improvement in pain and function with current medication regimen, as well as improved ability to utilize his right upper extremity. He states his pain levels to be so severe that he would not be able to perform activities of daily living. With the medication, the patient states he is able to sleep much more comfortably and provides him with improvement in quality of life, pain and function." The patient has signed an opioid contract and is utilizing the medications as prescribed. Treater has addressed analgesia with numerical scales noting improvement in pain and function. However, treater provided general statements and has not discussed how Oxycodone reduces pain and significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." No return to work, or change in work status, either. Aberrant behavior has been discussed with mention that Random urine drug screening showed evidence of compliance; but only provided lab report dated 11/04/14 revealed Inconsistent Results. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Oxycontin 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Weaning of medications Page(s): 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with right upper extremity pain rated 5/10 with and 9-10/10 without medications. The patient is status post 3 surgeries, unspecified dates. The request is for Oxycontin 10MG #60. RFA not available. Diagnosis on 02/09/15 included status post crush injury to right upper extremity with ORIF right radius and ulna, status post nerve allograft, and right ulnar neuropathy with possible complex regional pain syndrome. Treatment to date has included surgeries, MRI studies, physical therapy, ace wrap, psychological evaluation, stellate ganglion block, and medications. Patient's medications include Oxycodone, Oxycontin, Gabapentin, Trazodone, and Laxacin. The patient is temporarily totally disabled, per 01/29/15 report. Treatment reports were provided from 08/28/14 - 02/09/15. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Oxycontin has been included in patient's medications, per treater reports dated 08/28/14, 11/14/14, and 02/09/15. Per 02/09/15 report, treater states the patient is "tolerating medications well and notes improvement in pain and function. The patient currently notes 40-50% improvement in pain and function with current medication regimen, as well as improved ability to utilize his right upper extremity. He states his pain levels to be so severe that he would not be able to perform activities of daily living. With the medication, the patient states he is able to sleep much more comfortably and provides him with improvement in quality of life, pain and function." The patient has signed an opioid contract and is utilizing the medications as prescribed. Treater has addressed analgesia with numerical scales noting improvement in pain and function. However, treater provided general statements and has not discussed how Oxycontin reduces pain and significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." No return to work, or change in work status, either. Aberrant behavior has been discussed with mention that Random urine drug screening showed evidence of compliance; but only provided lab report dated 11/04/14 revealed Inconsistent Results. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Gabapentin 600mg #135: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 18, 19.

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

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with right upper extremity pain rated 5/10 with and 9-10/10 without medications. The patient is status post 3 surgeries, unspecified dates. The request is for Gabapentin 600MG #135. RFA not available. Diagnosis on 02/09/15 included status post crush injury to right upper extremity with ORIF right radius and ulna, status post nerve allograft, and right ulnar neuropathy with possible complex regional pain syndrome. Treatment to date has included surgeries, MRI studies, physical therapy, ace wrap, psychological evaluation, stellate ganglion block, and medications. Patient's medications include Oxycodone, Oxycontin, Gabapentin, Trazodone, and Laxacin. The patient is temporarily totally disabled, per 01/29/15 report. Treatment reports were provided from 08/28/14 - 02/09/15. 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 02/09/15 report, treater is requesting Gabapentin for "neuropathic pain in the right upper extremity." Gabapentin has been included in patient's medications, per treater reports dated 01/07/15, and 02/09/15. Per 02/09/15 report, treater states the patient is "tolerating medications well and notes improvement in pain and function. The patient currently notes 40-50% improvement in pain and function with current medication regimen, as well as improved ability to utilize his right upper extremity. He states his pain levels to be so severe that he would not be able to perform activities of daily living. With the medication, the patient states he is able to sleep much more comfortably and provides him with improvement in quality of life, pain and function." Treater has documented medication efficacy. This request appears reasonable and to be in accordance with guideline criteria. Therefore, the request is medically necessary.

**Trazodone 100mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Medications for chronic pain Page(s): 13-15, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia, Amitriptyline.

**Decision rationale:** Based on the 02/09/15 progress report provided by treating physician, the patient presents with right upper extremity pain rated 5/10 with and 9-10/10 without medications. The patient is status post 3 surgeries, unspecified dates. The request is for Trazodone 100MG #30. RFA not available. Diagnosis on 02/09/15 included status post crush injury to right upper extremity with ORIF right radius and ulna, status post nerve allograft, and right ulnar neuropathy with possible complex regional pain syndrome. Treatment to date has included surgeries, MRI studies, physical therapy, ace wrap, psychological evaluation, stellate ganglion block, and medications. Patient's medications include Oxycodone, Oxycontin, Gabapentin, Trazodone, and Laxacin. The patient is temporarily totally disabled, per 01/29/15 report. Treatment reports were provided from 08/28/14 - 02/09/15. Regarding anti-depressants,

MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. ODG guidelines Pain Chapter, under Insomnia has the following regarding Amitriptyline: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. Per 02/09/15 report, treater is requesting Trazodone for "insomnia secondary to chronic pain." Trazodone has been included in patient's medications, per treater reports dated 08/28/14, 11/04/14, and 02/09/15. Per 02/09/15 report, treater states the patient is "tolerating medications well and notes improvement in pain and function. The patient currently notes 40- 50% improvement in pain and function with current medication regimen, as well as improved ability to utilize his right upper extremity. He states his pain levels to be so severe that he would not be able to perform activities of daily living. With the medication, the patient states he is able to sleep much more comfortably and provides him with improvement in quality of life, pain and function." Treater has documented medication efficacy. This request appears reasonable and to be in accordance with guideline criteria. Therefore, the request is medically necessary.