

<b>Case Number:</b>	CM15-0233404		
<b>Date Assigned:</b>	12/09/2015	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/30/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, 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 applicant is a represented 42-year-old who has filed a claim for chronic low back, neck, and mid back pain reportedly associated with an industrial injury of June 16, 2011. In a Utilization Review report dated November 19, 2015, the claims administrator failed to approve requests for Nucynta, Neurontin, and Colace. The claims administrator referenced an October 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 7, 2015 office visit, the applicant reported multifocal complaints of neck, shoulder, elbow, wrist, hand, and finger pain with ancillary complaints of headaches. An average pain score of 8/10 was reported. Activities of daily living as basic as sitting and standing remained problematic, the treating provider reported. The applicant was using tramadol, Norco, Neurontin, and Flexeril, the treating provider reported. The applicants BMI was 34, the attending provider noted. The applicant had undergone a prior failed laminectomy procedure, the treating provider noted. The applicants work status was not explicitly stated, although it did not appear that the applicant was working. The claims administrator's transmission of the file, it was incidentally noted, mingled the pages of the clinical progress notes with the pages of the UR reports, making it difficult to discern specific dates of service. On September 9, 2015, the applicant reported ongoing complaints of low back and neck pain, highly variable, 4-9/10. The applicant was on Norco, Neurontin, Flexeril, and tramadol, the treating provider reported. The treating provider stated that the applicant complained of dry mouth and the "ineffectiveness of the regimen." The applicant's pain was limiting his ability to stay active, the treating provider noted. The applicant had undergone failed cervical laminectomy surgery, the treating provider reported. A new cervical

MRI was sought while Nucynta and Neurontin were prescribed. Once again, the applicants work status was not reported.

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

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

**Nucynta IR 75 MG 1 Tab #120 Last Fill 10/15/15: Upheld**

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

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

**Decision rationale:** No, the request for Nucynta, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the primary criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicants work status was not explicitly stated on office visits of October 7, 2015 and September 9, 2015, suggesting that the applicant was not, in fact, working. Highly variable 4-9/10 pain complaints were reported on September 9, 2015. Pain scores averaging 8/10 were reported on October 7, 2015. The treating provider stated on September 9, 2015 that the applicant had complained about the "ineffectiveness of the [medication] regimen." It did not appear, in short, that usage of Nucynta and/or other opioids had proven particularly beneficial here. It was not clearly stated, moreover, why the applicant was using so many different short-acting opioids to include Nucynta, Norco, and tramadol, all of which the applicant was seemingly using on office visits of September 9, 2015 and October 7, 2015. Therefore, the request was not medically necessary.

**Gabapentin 600 MG 1 Tab #90 Last Fill 11/9/15: 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:** Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicants work status was not reported on office visits of September 9, 2015 or October 7, 2015, suggesting that the applicant was not, in fact, working. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents to include Norco, Nucynta, and tramadol. All of the foregoing,

taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the gabapentin. Therefore, the request was not medically necessary.

**Colace 240 MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Finally, the request for Colace, a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic treatment of constipation should be initiated in applicants who have been given opioid therapy. Here, the applicant was described as using multiple different opioids on office visits of September 9, 2015 and October 7, 2015, including Norco, Nucynta, tramadol, etc. Usage of Colace was, thus, indicated in the face of the applicant's concurrently using so many different opioid agents. Therefore, the request was medically necessary.