

<b>Case Number:</b>	CM15-0240303		
<b>Date Assigned:</b>	12/17/2015	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 64-year-old male, who sustained an industrial-work injury on 5-1-12. A review of the medical records indicates that the injured worker is undergoing treatment for cervical pain, status post anterior cervical fusion March 2013 with residual neuropathic pain and cervicgia. Medical records dated 11-16-15 indicate that the injured worker complains of persistent neck pain and left shoulder pain. The pain with medication ranges from 6-8 out of 10 on the pain scale and without medications 10+ out of 10. The physician indicates that they are attempting to titrate Gabapentin due to side effects of daytime drowsiness and sedation. Per the treating physician, report dated 11-16-15 the injured worker has not returned to work. The physical exam dated 11-16-15 reveals that the left shoulder exam shows decreased range of motion, decreased strength and positive Hawkins test. The cervical exam reveals reduced side bend due to pain, stiffness, decreased end range extension due to pain, and tenderness to palpation C2-6 area. Treatment to date has included pain medication, trial of Hysingla, which was not as beneficial as Norco, (Norco since at least 7-20-15), home exercise program, rest and other modalities. Previous medications trialed included Nortriptyline, Cymbalta, Trazadone, Elavil, Lyrica, Lunesta and various muscle relaxants, which were discontinued due to lack of effect or side effects. The urine drug test result dated 7-20-15 was consistent- inconsistent with the medication prescribed. The request for authorization date was 11-17-15 and requested services included Neurontin 600 mg Qty 120 with 1 refill and Norco 7.5-325 mg Qty 90. The medical records do not indicate decreased pain, increased level of function or improved quality of life. The records do not indicate least reported pain over the period since last assessment,

average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. The original Utilization review dated 11-24-15 non-certified the request for Neurontin 600 mg Qty 120 with 1 refill and Norco 7.5-325 mg Qty 90.

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

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

**Neurontin 600 mg Qty 120 with 1 refill: 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:** Per the CA MTUS Chronic Pain Treatment Guidelines, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. Per the CA MTUS Chronic Pain Treatment Guidelines, Specific Anti-Epilepsy Drugs, A "good" response to the use of 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 and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the exam note from 11/16/15 does not demonstrate evidence of diabetic painful neuropathy and postherpetic neuralgia. There is no demonstration of percentage of relief, the duration of relief, increase in function or increased activity. Therefore, the prescription is not medically necessary.

**Norco 7.5/325 mg Qty 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain Pain / Opioids criteria for use.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use, chronic pain & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend 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. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work; (b) If the patient has improved functioning and pain." ODG criteria recommend discontinuation of opioids if "there is no overall improvement in function, unless there are extenuating circumstances." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 11/16/15. Therefore, the prescription is not medically necessary. While the requested amount of medications is not medically necessary, a short course for weaning to avoid symptoms of withdrawal may be necessary.