

<b>Case Number:</b>	CM14-0145554		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 52-year-old female who reported an injury due to repetitive motion on 01/10/2013. On 08/25/2014 her diagnoses included sprain/strain of the thoracic region, sprain/strain of the hips and thighs, and sprain/strain of the lumbar spine. Her medications included gabapentin 100 mg, gabapentin 300 mg, Norco 10/325 mg and Valium 5 mg. It was noted that the California CURES report was utilized on every visit to monitor refill date and establish monthly usage of narcotics, benzodiazepines and muscle relaxants. The COMM was utilized for evaluation of opioid misuse. Additionally, urine drug screening and blood tests were also utilized to monitor medication intake. There was no rationale for the requested medications. A Request for Authorization dated 08/25/2014 was included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Current Opioid Misuse Measure (COMM) test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95..

**Decision rationale:** The request for Current Opioid Misuse Measure (COMM) test is not medically necessary. The California MTUS Guidelines recommends ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. The indicators and predictors of possible misuse of controlled substances and or addiction include adverse consequences such as decreased functioning or observed intoxication or negative affective state, impaired control over medication use including failure to bring in unused medications or dose escalation without approval of the prescribing physician, request for early prescription refills, reports of lost or stolen prescription, unscheduled clinic appointments in distress, frequent visits to the emergency department or family reports of overuse or intoxication, craving and preoccupation including noncompliance with other treatment modalities, failure to keep appointments, no interest in rehabilitation, only in symptom control, no reported relief of pain or improved function, overwhelming focus on opioid issues, adverse behavior such as selling prescription drugs, forging prescriptions, stealing drugs, or using prescription drugs in ways other than those prescribed, or obtaining prescription drugs from nonmedical sources. There was no documented evidence that this injured worker had any aberrant drug seeking or drug taking behaviors. Previous CURES' tests and urine drug screens showed no inconsistencies with her prescribed medications. The need for a COMM test was not clearly demonstrated in the submitted documentation. Therefore, this request for Current Opioid Misuse Measure (COMM) test is not medically necessary.

**60 Gabapentin, 100mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), and Gabapentin (Neurontin), Page(s): pages 16-22, page 49..

**Decision rationale:** The request for 60 Gabapentin, 100mg is not medically necessary. Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Gabapentin specifically has been considered as a first line treatment for neuropathic pain. Gabapentin has also been recommended for complex regional pain syndrome. There is no documentation submitted that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no frequency of administration included with the request. Therefore, this request for 60 Gabapentin, 100mg is not medically necessary.

**30 Gabapentin 300mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), , and Gabapentin (Neurontin), Page(s): pages 16-22, 49.

**Decision rationale:** The request for 30 Gabapentin, 300mg is not medically necessary. Per the California MTUS Guidelines, antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. There are few randomized controlled trials directed at central pain. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Gabapentin specifically has been considered as a first line treatment for neuropathic pain. Gabapentin has also been recommended for complex regional pain syndrome. There is no documentation submitted that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, there was no frequency of administration included with the request. Therefore, this request for 30 Gabapentin, 300mg is not medically necessary.

**20 Norco 10/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for 20 Norco 10/325mg is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs or antidepressants. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin or antidepressant, or quantified efficacy. Additionally, there was no frequency specified in the request. Therefore, this request for 20 Norco 10/325mg is not medically necessary.

**30 Valium 5mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24..

**Decision rationale:** The request for 30 Valium 5mg is not medically necessary. Per the California MTUS Guidelines, benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Tolerance develops within weeks. The submitted documentation revealed that this

worker had been taking Valium since 04/10/2014 which exceeds the recommendations in the guidelines. Additionally, there was no frequency of administration included with the request. Therefore, this request for 30 Valium 5mg is not medically necessary.