

<b>Case Number:</b>	CM14-0163031		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	07/15/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 55-year-old male with a date of injury of July 15, 2012. The patient's industrially related diagnoses include lumbar strain, lumbar radiculopathy, left shoulder pain, low back pain, lumbar degenerative disc disease, cervical strain, cervical radiculopathy, and cervical degenerative disc disease. The disputed issues are prescriptions for Amrix 15mg #30 with 2 refills, Neurontin 600mg #90 with 2 refills, Morphine Sulfate Immediate-Release 15mg #90 with 2 refills, and Duragesic 25mcg #10 patches with 2 refills. A utilization review determination on 9/29/2014 had non-certified these requests. The stated rationale for the denial of Morphine Sulfate Immediate-Release and Duragesic was "the clinical information lacks documentation to the ongoing review of pain relief, functional status, appropriate medication use, and side effects". Furthermore, Duragesic was requested at 10 tablets of 25mcg but it does not come in tablet form. The stated rationale for the denial of Amrix was "Amrix is only recommended for a short course of therapy. The ongoing use of Amrix exceeds the recommended guidelines." The stated rationale for the denial of Neurontin was "the patient presented with reflexes and strength to be within normal limits" and "there is a lack of documentation related to the patient suffering from pain neuropathy or post-herpetic neuralgia."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Amrix 15mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Amrix (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system depressant. The Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants with caution as a 2nd-line option for the short-term treatment of acute exacerbations of chronic low back pain. Guidelines go on to state that Amrix specifically is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. In the progress reports available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Amrix. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Based on the lack of documentation and the referenced guidelines, the request for Amrix 15mg #30 with 2 refills is not medically necessary.

**90 Tablets of Neurontin 600mg with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-21.

**Decision rationale:** Neurontin is an anti-epilepsy drug (AED). The injured worker is currently taking Neurontin 300mg 1 tablet QAM and 2 tablets QPM and the treating physician is requesting an increase to Neurontin 600mg #90. The Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. In the progress reports available for review, there is documentation of analgesic benefit and absence of side effects with the use of Neurontin but there is no documentation of specific objective functional improvement. The treating physician documents that the injured worker's symptoms are not improving and the injured worker complains of referred pain in the upper extremity associated with numbness and tingling. There were positive objective findings on the sensory examination, specifically a decrease in sensation along the C5 and C6 dermatomal distribution on the left side and along both left and right L5 dermatomal distribution. Based on the progress reports, the request for an increase in Neurontin to 600mg 1 tab every morning and 2 tabs every evening can be warranted in the case of this injured worker but the guidelines state that the continued use of AEDs should depend on improved outcomes versus tolerability of adverse effects. One prescription for the increased strength of Neurontin would perhaps be appropriate to allow the injured worker to increase the

dose and then evaluate for improved outcomes, but the request was made for a total of three months. Therefore the request for Neurontin 600mg #90 with two refills is not medically necessary.

**90 Tablets of Morphine Sulfate Immediate-Release 15mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79.

**Decision rationale:** Morphine Sulfate Immediate Release (MSIR) is an opioid that is recommended for moderate to severe pain. The California Chronic Pain Medical Treatment Guidelines states the following about on-going management with opioids: "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). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. In the progress report dated 9/18/2014, there is documented pain relief from 9/10 on a 1-10 pain scale without the use of the medication to 5/10 with the use of the medication (Duragesic 25mcg patches, Morphine Sulfate Immediate Release 15mg, Amrix 15mg, and Neurontin 300mg). However, there is no indication that the medication is improving the injured worker's function in terms of specific examples of functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. Based not the lack of documentation, the request for Morphine Sulfate Immediate Release 15mg #90 with 2 refills is not medically necessary.

**10 patches of Duragesic 25mcg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Duragesic patch (fentanyl) is an opioid that is recommended for moderate to severe pain. The California Chronic Pain Medical Treatment Guidelines states the following about on-going management with opioids: "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). The monitoring of these

outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Duragesic, the guidelines state that it should be reserved for use as a second-line opiate. In the progress report dated 9/18/2014, there is documented pain relief from 9/10 without medication to 5/10 with the use of medication. However, there is no indication that the medication is improving the injured worker's function in terms of specific examples of functional improvement, no documentation regarding side effects, and no discussion regarding aberrant use. Based on the lack of documentation, the request for Duragesic 25mcg #10 patches with 2 refills is not medically necessary.