

<b>Case Number:</b>	CM14-0080420		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	08/03/2005
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Management 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:

This is a patient with a date of injury of August 3, 2005. A utilization review determination dated April 29, 2014 recommends non-certification of Ibuprofen, modified certification of Vicoprofen, non-certification of Norco, and modified certification of Gabapentin. A progress report dated May 21, 2014 indicates that the patient has been on Ibuprofen periodically for breakthrough pain with Gabapentin as his main pain medication. The patient has over 50% relief with the Gabapentin and periodic Ibuprofen. The requesting physician indicates that the previous utilization review was based upon a time when the patient was on Ibuprofen monotherapy as recommended by previous utilization reviewer. Therefore, continuing Ibuprofen 600 mg tablets #30 to be utilized as needed over 45 days is recommended. The note goes on to indicate that the patient's most beneficial regimen has been Gabapentin 800 mg per day. This is being used to address residual radiculopathy after a spinal fusion. Gabapentin reduces the pain significantly which was allowing him to prepare himself to return back to work. Therefore, Gabapentin 600 mg #90 is recommended every 30 days. The note goes on to indicate that Norco is used on rare occasions when the Gabapentin and PRN Ibuprofen are insufficient to address his pain. The note goes on to indicate that a previous utilization reviewer recommended Vicoprofen as monotherapy. The requesting physician has an agreement with the patient that he would not use any more than 5 Norco per week. Therefore, Norco is recommended at a dose of 5/325 #30 every 60 days. Additionally, it is recommended that Vicoprofen be completely discontinued and substituted for Norco 5/325. A urine drug screen performed on January 18, 2012 is negative. A progress report dated May 20, 2014 identifies subjective complaints of low back pain. Ibuprofen and Norco were denied and the patient's pain continues to be at 8/10. The patient's pain and ability to sleep and do an exercise program have worsened. The patient is using a TENS unit. Objective findings identify a myotomal deficits in the L3 and L4 distribution with tenderness to

palpation. Diagnoses include lumbar spine degenerative disc disease, lumbar radiculitis, and status post lumbar fusion of L4-S1. The treatment plan goes on to indicate that the patient's most beneficial combination was a reliable dose of Gabapentin with sparing use of Norco at 5/325.

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

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

#### **Ibuprofen 600mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Ibuprofen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** Regarding the request for Ibuprofen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the requesting physician has indicated that the patient's medication regimen including Gabapentin used around the clock, Ibuprofen use PRN, and Norco used sparingly improve the patient's pain by 50%, and allows functional improvement. Additionally, it is noted that there are no side effects. The requesting physician indicates that previous utilization review doctors have made treatment plan recommendations which he feels are unsafe, inappropriate, and less efficacious for his patient. He indicates that the patient uses Ibuprofen 600mg #30 over a 45 day period. As such, the currently requested Ibuprofen is medically necessary.

#### **Vicoprofen (Hydrocodone/ibuprofen) 7.5mg-200mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for Vicoprofen, the California MTUS notes that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has identified that the patient had improved pain and function when he was utilizing Norco on a sparing basis as opposed to the Vicoprofen which was recommended by utilization reviewer. The patient should not be on to PRN opiates, and the requesting physician is recommended discontinuation of Vicoprofen in lieu of ongoing use of hydrocodone. As such, Vicoprofen is not medically necessary.

#### **Norco 5/325mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 120.

**Decision rationale:** Regarding the request for Norco (Hydrocodone/Acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the requesting physician has indicated that the patient's medication regimen including Gabapentin used around the clock, Ibuprofen use PRN, and Norco used sparingly improve the patient's pain by 50%, and allows functional improvement. Additionally, it is noted that there are no side effects, no aberrant behavior, and consisting urine drug screens. The requesting physician indicates that previous utilization review doctors have made treatment plan recommendations which he feels are unsafe, inappropriate, and less efficacious for his patient. He indicates that the patient uses 30 pills of Norco every 60 days. As such, the currently requested Norco is medically necessary.

**Gabapentin 600mg:** Overturned

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

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

**Decision rationale:** Regarding request for Gabapentin, Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to 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. Within the documentation available for review, the requesting physician has indicated that the patient's medication regimen including Gabapentin used around the clock, Ibuprofen use PRN, and Norco used sparingly improve the patient's pain by 50%, and allows functional improvement. Additionally, it is noted that there are no side effects, and that the patient has subjective complaints and objective findings consistent with neuropathic pain. The requesting physician indicates that previous utilization review doctors have made treatment plan recommendations which he feels are unsafe, inappropriate, and less efficacious for his patient. He indicates that the patient uses 90 pills of Gabapentin every 30 days. As such, the currently requested Gabapentin, at a rate 600 mg tid, is medically necessary.