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| <b>Case Number:</b>   | CM14-0082620 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 08/11/2009 |
| <b>Decision Date:</b> | 11/14/2014   | <b>UR Denial Date:</b>       | 05/23/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/03/2014 |

### 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 Emergency 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:

This is a patient with reported date of injury on 8/11/2009. No mechanism of injury was provided for review. Patient has a diagnosis of lumbar sprain/strain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar stenosis, left shoulder rotator cuff tear and osteoarthritis. Medical reports reviewed. Last report available until 5/12/14. Patient complains of entire back and leg pain. Pain is unchanged. Pain is 6/10 with medications. Pain medications "help a lot" with noted constipation that is being treated. Reportedly aids in being able to get out room to ambulate with a cane. Objective exam reveals complete lumbar tenderness. "Discoloration" noted but no location or what this even means. Range of motion is guarded and limited. The visit is for a refill of the pain medications. Medication list is noted with the medications requested under this review. No past medical history was documented. No prior surgical history was documented. No radiographic or imaging reports were provided for review. No electrodiagnostic reports were provided for review. Independent Medical Review is for Norco 10/325mg #60, Oxycodone 30mg #120 and Gabapentin 300mg #60 with 2refills (180total). Prior UR on 5/28/14 recommended non-certification but partially certified the request to allow for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #60, no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no proper documentation of improvement in pain, objective improvement in activity of daily living or how or when patient takes opioids. There are only vague statements concerning medications "help a lot" and no objective assessment of function. There is no appropriate documentation of a recent Urine drug screens and no appropriate screening questions for abuse or documentation of a pain contract. There is not a single documented attempt to wean patient off opioids or prior attempts at conservative treatment or therapy. Assuming the prescription is for 1month supply, patient is taking 2 tablets of Norco 10/325 and 4 tablets of Oxycodone 30mg each day. This equates to 200mg MED (Morphine Equivalent Dose) which exceed the safe amount of 120mg MED per day. If the prescription is for more than 1month, then monitoring of chronic opioid therapy is not appropriate. Patient is on Norco chronically without proper documentation as required by MTUS guidelines and in a dose not recommended by MTUS guidelines. Therefore, the request is not medically necessary.

**Oxycodone 30mg, #120, with no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

**Decision rationale:** Oxycodone is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation of criteria. There is no proper documentation of improvement in pain, objective improvement in activity of daily living or how or when patient takes opioids. There are only vague statements concerning medications "help a lot" and no objective assessment of function. There is no appropriate documentation of recent Urine drug screens and no appropriate screening questions for abuse or documentation of a pain contract. There is not a single documented attempt to wean patient off opioids or prior attempts at conservative treatment or therapy. Assuming the prescription is for 1month supply, patient is taking 2 tablets of Norco 10/325 and 4 tablets of Oxycodone 30mg each day. This equates to 200mg MED (Morphine Equivalent Dose) which exceed the safe amount of 120mg MED per day. If the prescription is for more than 1month, then monitoring of chronic opioid therapy is not appropriate. Patient is on Oxycodone chronically without proper documentation as required by MTUS guidelines and in a dose not recommended by MTUS guidelines. The request is not medically necessary.

**Gabapentin 300mg, #60 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 18-19.

**Decision rationale:** Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. The patient has no appropriate documentation of neuropathic pain with no electrodiagnostic reports provided, or a documented recent physical exam consistent with radiculopathy. There is some evidence that it may be useful in fibromyalgia but the patient does not have that diagnosis. The patient has also been on this medication for at least 6 months with no documentation of improvement in pain. The number of tablets prescribed is excessive and does not meet proper MTUS guideline for proper monitoring of improvement and side effects. The lack of documentation of improvement, proper monitoring of side effects and lack of documentation to support claim of radiculopathy means that the request is not medically necessary.