

<b>Case Number:</b>	CM14-0174999		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	02/03/1987
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 41-year-old male, who sustained an industrial injury on 2/3/1987. He reported initial complains of back, neck and left upper extremity. The injured worker was diagnosed as having lumbago; lumbar lumbosacral disc degeneration; lumbosacral neuritis NOS. Diagnostics to date has included urine drug screening; medications. The UDS dated 8/18/2014 was reported as consistent. Diagnostics included MRI cervical spine (3/4/14); MRI lumbar spine (2/8/14). Currently, the PR-2 notes dated 8/28/14 indicated the injured worker returns for a re-evaluation regarding complaints of continued neck, mid-back and low back pain. He reports he is doing well but continues to have pain and limited mobility. He is happy the lumbar epidural steroid injections was approved and done on 9/23/14. The epidural resulted in a 70 % reduction in pain. He is doing stretching daily with some relief. The medications are helpful and well tolerated and able to do more with the medications. He reports Tramadol ER is helping with longer lasting relief. He feels gabapentin is helping decrease burning in arms and legs. He needs a refill on both. The other medications listed are DHEA, ranitidine and tizanidine. His pain levels are 9/10 without medications and 5-6/10 with medications. He has no new symptoms or neurological changes. There is tenderness to the paraspinals with related lumbosacral myofascial restrictions and muscle spasms. Straight leg raise is positive on the right and negative on the left. The provider is requesting retrospective: Prolong/Pharmacology Management for date of service 08/28/14, retrospective: gabapentin (Neurontin) 600mg, #180 date of service 8/28/14, retrospective: Tramadol ER (Ultram) 150mg, #60 date of services 8/28/14, and Qualitative Urine Drug Screen, multiple drug classes. After the 9/23/2014 lumbar epidural injection, the pain IW

reported a pain score of decreased to 5/10 without medications and 3/10 with medications. There was increase in physical activity after the lumbar epidural procedure.

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

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

**Retrospective: Prolong/Pharmacology Management for date of service 08/28/14:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 87, 89, 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that patient can be evaluated regularly during medications management for compliance, efficacy and functional restoration. The records show that the patient is utilizing multiple medications for the management of the chronic pain condition. There is documentation of efficacy and functional restoration. There is no reported aberrant behavior. The criteria for retrospective prolonged pharmacological management DOS 8/28/2014 was medically necessary.

**Retrospective: Gabapentin (Neurontin) 600mg, #180 date of service 8/28/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiepileptics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathy and radicular pain syndrome. The records indicate that the patient reported compliance, efficacy and functional restoration with utilization of the gabapentin. There is no reported adverse medication effect. The criteria for the use of gabapentin ( Neurontin ) 600mg #180 DOS 8/28/2014 was medically necessary.

**Retrospective: Tramadol ER (Ultram) 150mg, #60 date of services 8/28/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111, 113, 119, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non-opioid co-analgesics and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedatives. The records indicate that the patient had severe patient that responded to treatment with the tramadol in 8/28/2014. The pain was later effectively treated with lumbar epidural injection 1 month later. The criteria for the use of Tramadol ER (Ultram) 150mg #60 DOS 8/28/2014 was medically necessary.

**Qualitative Urine Drug Screen, multiple drug classes:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Updated 09/10/14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that urine drug testing can be conducted at initiation and continued during chronic opioid treatments to monitor medication compliance. The records did not show the presence of aberrant drug behavior or non-compliance. The UDS reports showed compliance with prescribed medications. The criteria for the Qualitative Urine Drug screen-multiple drug classes were not medically necessary.