

<b>Case Number:</b>	CM14-0210289		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	11/14/2006
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 patient is a 60 year-old male with date of injury 11/14/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/03/2014, lists subjective complaints as pain in the right foot and left wrist. Objective findings: The patient's right foot and ankle were in a soft brace and he continued to have hypersensitivity. Patient had pinpoint tenderness on the left wrist, on the palmar aspect of the proximal wrist at the radial side. Full range of motion, but with reproducible pain. Diagnosis: 1. Chronic right foot and ankle pain, chronic regional pain syndrome 2. Left wrist pain, status post fracture 3. Chronic regional pain syndrome of the right foot/ankle 4. Chronic low back pain following a spinal cord stimulator trial. The original reviewer modified the medication request to Percocet 10/325, #120 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medication: 1. Percocet 10/325mg, #240 SIG: 8 per day 2. Duragesic patch 25mcg, #20 SIG: one every 3 days 3. Neurontin 800mg, #240 SIG: QID 4. Colace 100mg, #120 SIG: QID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #240 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Percocet, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 4 months. Percocet 10/325mg #240 with 1 refill is not medically necessary.

**Duragesic patch 25mcg #20:** Upheld

**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 Page(s): 60.

**Decision rationale:** According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of narcotics that the patient has been taking. Duragesic patch 25mcg #20 is not medically necessary.

**Neurontin 800mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 800mg #240 is not medically necessary.

**Colace 100mg #120 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. Colace will be necessary while the patient is weaned from narcotics. I am reversing the previous utilization review decision. Colace 100mg #120 with 1 refill is medically necessary.