

<b>Case Number:</b>	CM14-0215428		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/12/2006
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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, Ohio, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 12, 2006. In a Utilization Review Report dated December 8, 2014, the claims administrator partially approved a request for Percocet, partially approved a request for tramadol, partially approved a request for gabapentin, and denied a chemistry profile. The claims administrator noted that the applicant was drinking alcohol but nevertheless denied the hepatic function testing. The claims administrator did not employ any guidelines to deny the chemistry profile and/or associated hepatic function testing. A December 10, 2014 progress note and December 16, 2014 RFA form were referenced in the determination. The applicant's attorney subsequently appealed. On August 19, 2014, the applicant reported persistent complaints of left shoulder pain, 9/10. The applicant was using Percocet, tramadol, and Neurontin. The attending provider acknowledged that tramadol and gabapentin were not generating much benefit. Multiple medications were nevertheless renewed. The applicant's work status was not clearly outlined. On July 15, 2014, the attending provider stated that the applicant's shoulder pain was worsening over time. The applicant was using six tablets of Percocet a day, Neurontin thrice daily, and tramadol thrice daily. The applicant was apparently in the process of pursuing a shoulder surgery, it was acknowledged. Drug testing of December 30, 2013 was positive for opioid metabolites and alcohol metabolites (ethanol). In a December 9, 2013 progress note, the attending provider stated that the applicant was two years status post a total shoulder arthroplasty. The attending provider stated that x-rays of the shoulder were negative for any prosthetic loosening. On September 12, 2014, the applicant reported

complaints of unchanged right and left shoulder pain. Percocet, tramadol, and Neurontin were endorsed. The applicant was apparently in the process of appealing previously denied shoulder surgery. The applicant's work status was not outlined. A Psychologic consultation for chronic pain was endorsed.

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

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

#### **Prospective request for 1 prescription of Percocet 10/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids, When to Continue Opioids Page(s): 79-80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status was not outlined on several progress notes, referenced above, suggesting that the applicant was/is off of work. The attending provider's handwritten progress notes of September 2014, August 2014, and July 2014 failed to outline any quantifiable decrements in pain and/or material improvements in function affected as a result of ongoing Percocet usage. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that immediate discontinuation of opioids is recommended in applicants who are concurrently using illicit substances and/or alcohol. Here, the applicant, per the drug testing of December 2013 did appear to be concurrently using alcohol and opioids. For all of the stated reasons, discontinuing Percocet appears to be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

#### **Prospective request for 1 prescription of Tramadol 50mg #90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status has not been clearly outlined on multiple progress notes, referenced above, interspersed throughout 2014, suggesting that the applicant was/is not working. The attending provider's handwritten progress notes of July, August, and September 2014 likewise failed to outline any quantifiable decrements in pain and/or material improvements in function

achieved as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.

**Prospective request for 1 prescription of Gabapentin 300mg #90 with 1 refill:** Upheld

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

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, the applicant's work status was not outlined on several handwritten progress notes, referenced above, throughout late 2014, suggesting that the applicant was not working. The applicant's ongoing usage of gabapentin has failed to curtail the applicant's dependency on opioid agents such as tramadol and Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request is not medically necessary.

**Prospective request for 1 random chemistry profile with liver enzymes:** 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 NSAIDs, Specific Drug List and Adverse Effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested monitoring of applicants using NSAIDs includes periodic monitoring of the CBC and chemistry profile to include liver and renal function testing. Here, while the applicant is not using NSAIDs, the applicant is using a variety of other medications processed in the liver and kidneys, including tramadol, Neurontin, and Percocet. Additionally, the applicant is also seemingly concurrently using alcohol. By analogy, obtaining a chemistry profile with hepatic function testing to ensure that the applicant's present levels of renal and hepatic function are compatible with currently prescribed medications was/is indicated. Therefore, the request was/is medically necessary.