

<b>Case Number:</b>	CM14-0218043		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	10/28/2006
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

### 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 sustained a work related injury on October 28, 2006, when tires fell on the injured worker's head with injuries to the head, neck, back, and knees. The injured worker was noted to have undergone multiple lumbar spine surgeries in the past. The injured worker's conservative treatments were noted to have included bracing, psychotherapy, physical therapy, home exercise program, and oral and topical medications. The Secondary Treating Physician's visit dated November 5, 2014, noted the injured worker with complaints of constant headaches, constant neck pain, constant low back pain which radiated to the bilateral lower extremities with numbness and tingling, and constant bilateral ankle/foot pain with radiation, numbness, and tingling in the bilateral lower extremities. The injured worker reported the pain the same as the previous visit, with feelings of irritation, anxiety, depression, stress, and insomnia. The Physician noted the injured worker status post anterior cervical discectomy and fusion in September 2013, with no relief, and a limited quality of life. The Physician noted the injured worker with 40-50% relief with increased performance in activities of daily living and the home exercise program with the current medication regimen. Physical examination was noted to show restricted cervical range of motion without tenderness to palpation over the paraspinal muscles. The diagnoses included status post anterior cervical discectomy and fusion at C3-C6 on September 11, 2013, with residuals of severe chronic pain, status post posterior lumbar spine interbody fusion at L5-S1 on August 25, 2010, left knee surgery, left knee medial meniscal tear, left shoulder surgery in 2008, disc protrusion at L4-L5 measuring 4mm and tear with left neural foraminal stenosis, disc

protrusion at L2-L3, L4-L5, and L5-S1, chronic pain syndrome, constipation secondary to medication usage, cervical radiculopathy, neuropathic pain in the lower extremities and lumbar spine, failed back surgery syndrome, chronic low back pain, anxiety and depression due to chronic pain, and status post knee arthroscopy on August 16, 2013. The Physician requested authorization for Norco 10/325mg #120, Neurontin 300mg #90, and Cymbalta 60mg #60. On December 2, 2014, Utilization Review evaluated the request for Norco 10/325mg #120, Neurontin 300mg #90, and Cymbalta 60mg #60, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted the injured worker had been admitted on June 16, 2014, due to an attempted suicide, and was discharged on June 30, 2014. The UR Physician approved the request for the Cymbalta 60mg #60, based on the diagnosis of depression and recent suicide attempt. The UR Physician noted that the current objective findings did not suggest the presence of a neuropathic process, and therefore the request for Neurontin 300mg #90 was not certified. The UR Physician noted that the Norco would be expected to be tapered as recommended by the guidelines; therefore, the request for Norco 10/325mg #120 was modified to approve Norco 10/325mg #25. The decision was subsequently appealed to Independent Medical Review.

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

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Pain, Opioids

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325mg #120 is not medically necessary.

**Neurontin 300mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®)

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Additionally, ODG states that Gabapentin 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. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam. As such, without any evidence of neuropathic type pain, the request for Neurontin 300mg #90 is not medically necessary.