

<b>Case Number:</b>	CM14-0218060		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is 43 years old and suffered an injury 01/29/2007 while operating a forklift. The injury was sustained while loading and pulling a heavy container. The IW now has chronic pain in the neck, lower back, and right shoulder. Additional diagnoses include high blood pressure, insomnia digestive complaints and depression. He is being treated by a pain specialist. Subjectively the IW complains of pain across the lower back and middle neck and rates the pain as an 8 on the scale of 10. The pain is aggravated with movement and relieved with rest. There is radiation of pain to both legs but no associated weakness or associated sensation changes in the legs. Pain interferes with his daily function and quality of life. On the visit of 10/10/2014, the IW felt his current pain medication was helping both pain and function. On 11/7/2014, the IW complained of an exacerbation of his back pain and requested that his Fentanyl patches be re-started. The physical examination noted good pulses in the extremities, full strength in bilateral lower extremities normal reflexes and intact sensation. The examination of the neck has a positive Spurlings bilaterally and the lumbar back has positive facet loading bilaterally. Trigger point injections were given. The diagnosis includes cervical disc degeneration, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, and lumbar or lumbosacral disc degeneration. The IW has a spinal cord stimulator. The IW's treatment plan also included use of a compounded topical cream applied twice daily as needed for pain relief and functional improvement, and Terocin patches to be applied as needed for functional pain relief and functional improvement. A trial of Oxycotin 10 mg was started rather than re-starting the Fentanyl patches, and the risk and benefits were explained. The IW

had a trigger point injection of the lumbar back in the office visit of 11/7/2014. The patient was instructed to follow-up closely with his treating psychiatrist. Prescriptions were written for Oxycontin 10 mg tablet to be taken once daily #30, Prilosec DR 20 mg capsule taken one twice daily as needed quantity 60, and Promelaxin 100 mg taken one twice daily as needed quantity 60, Norco 10/325 mg tablet taken once every 4-6 hours as needed for pain max 2 daily quantity 60, and Gabapentin 600 mg tablets taken one every 8 hours quantity 90. A request for authorization (ROA) was received by the utilization review (UR) agency on 11/20/2014 requesting OxyContin 10mg, Norco 4-6 hours PRN, and Neurontin 800mg Q8hrs. The original request for authorization is not in the records. Following a review of office visit reports from 10/10/2014 through 11/07/2014, and a medication history from the insurance company dated 12/01/2012, the reviewing physician sent a decision letter on 12/03/2014 with a modified approval of OxyContin 10mg #30, Norco 4-6 hours PRN #30, and Neurontin 800mg Q8hrs #30. Attempts were made to contact the requesting provider for a peer to peer conference on 12/02/2014, and 12/03/2014. A phone message was left on both days. The modification of OxyContin 10mg QD was based on California Medical Treatment Utilization Schedule (CA MTUS) Opioids, modification of the Norco 4-6 hours PRN cited California Medical Treatment Utilization Schedule (CA MTUS) Opioids and Neurontin 800mg Q8hrs cited California Medical Treatment Utilization Schedule (CA MTUS) Antiepileptics. An application for independent medical review was made 12/30/2014 for the OxyContin 10mg #30 over 30 pills, Norco 4-6 hours PRN #30 over 30 pills, and Neurontin 800mg Q8hrs #30 over 30 pills.

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

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

**OxyContin 10mg QD:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with low back, neck and right shoulder pain. The request is for OXYCONTIN 10MG QD. Patient ambulates with a single pointed cane. Patient's current medications include Fentanyl patch, Norco, Neurontin, Naprosyn, Prilosec, Zanaflex, Promolaxin, Terocin patch, Zanaflex, Methadone, Diclofenac, Flexeril and Morphine Sulfate. Patient has tried physical therapy with no relief. Patient is status post Spinal Cord Stimulator implant June 2013, with minimal relief, and trigger point injection to lumbar paravertebrals and bilateral quadratus lumborum, per treater report dated 12/12/14. The patient has not worked since 2007. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 11/07/14, treater states "given that patient pain is not optimally controlled, and pain is limiting patient's

function and activities of daily living, will start a trial of Oxycontin." Oxycontin has been prescribed in progress reports dated 11/07/14 and 12/12/14. Patient reports Oxycontin helps his pain, per treater report dated 12/12/14. Patient denies any side effects associated with medication use, and pain is stable on current medication regimen. Patient is functioning well and has improved quality of life with current treatment. Patient is low risk for diversion and/or abuse. However, treater has not stated how Oxycontin decreases pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments to address analgesia. There are no UDS's or CURES reports. There are no specific examples of ADL's. No return to work or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Norco 4-6 hours PRN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** The patient presents with low back, neck and right shoulder pain. The request is for NORCO 4-6 HOURS PRN. Patient ambulates with a single pointed cane. Patient's current medications include Fentanyl patch, Norco, Neurontin, Naprosyn, Prilosec, Zanaflex, Promolaxin, Terocin patch, Zanaflex, Methadone, Diclofenac, Flexeril and Morphine Sulfate. Patient has tried physical therapy with no relief. Patient is status post Spinal Cord Stimulator implant June 2013, with minimal relief, and trigger point injection to lumbar paravertebrals and bilateral quadratus lumborum, per treater report dated 12/12/14. The patient has not worked since 2007. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Norco has been prescribed in progress reports dated 06/07/14, 09/12/14, and 12/12/14. Per progress report dated 11/07/14, treater states patient denies any side effects associated with medication use, and pain is stable on current medication regimen. Patient is functioning well and has improved quality of life with current treatment. Patient is low risk for diversion and/or abuse. However, treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments to address analgesia. There are no UDS's or CURES reports. There are no specific examples of ADL's. No return to work or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Neurontin 800mg Q8hrs:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 16-19.

**Decision rationale:** The patient presents with low back, neck and right shoulder pain. The request is for NEURONTIN 800MG Q8HRS -GABAPENTIN. Patient ambulates with a single pointed cane. Patient's diagnosis on 12/15/14 included cervical and lumbosacral spondylosis without myelopathy. Patient's current medications include Fentanyl patch, Norco, Neurontin, Naprosyn, Prilosec, Zanaflex, Promolaxin, Terocin patch, Zanaflex, Methadone, Diclofenac, Flexeril and Morphine Sulfate. Patient has tried physical therapy with no relief. Patient is status post Spinal Cord Stimulator implant June 2013, with minimal relief, and trigger point injection to lumbar paravertebrals and bilateral quadratus lumborum, per treater report dated 12/12/14. The patient has not worked since 2007. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." Gabapentin has been prescribed in progress reports dated 06/07/14, 09/12/14, and 12/12/14. Patient denies any side effects associated with medication use, and pain is stable on current medication regimen. Patient is functioning well and has improved quality of life with current treatment. Given patient's diagnosis and continued symptoms and documentation of medication efficacy, the request appears reasonable. Therefore, the request for Neurontin IS medically necessary.