

<b>Case Number:</b>	CM14-0218546		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	09/06/2006
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/11/2014
<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: Pennsylvania

Certification(s)/Specialty: Internal 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:

This is a 66 year old female worker with a date of injury of September 6, 2006. Diagnoses include low back pain, right lower extremity radicular symptoms, bilateral hip trochanteric bursitis and bilateral knee pain with significant degenerative joint disease. On June 6, 2011, an MRI revealed compression fracture of L5, grade 1 spondylolisthesis of L4 on L5, 3mm disc bulge at L3-L4 and moderate degenerative changes in the lumbar spine. Progress notes from the primary treating physician and a pain management consultant document treatment with Percocet, gabapentin, and robaxin from June 2014 to December 2014. Progress note of 9/16/14 documents that Percocet was used for breakthrough pain, gabapentin was used for neuropathic pain, and robaxin was used for muscle spasm. Pain was rated at 4/10 in severity with medications and 8/10 in severity without medications. The documentation states that the injured worker reported 50% improvement of function and 50% reduction in pain with current medications, and that she has improved ability to participate in her activities of daily living (ADLs) including bathing, cooking, cleaning, shopping for groceries, and light household chores, and that medications are helpful in allowing her to participate aggressively in physical therapy. The physician documented that the injured worker showed no evidence of drug seeking behavior, that urine drug screening has shown compliance with prescribed medications, that the injured worker has signed an opioid contract and remains compliant with the terms, and that she completed an opioid risk assessment profile and was found to be at low risk of opioid abuse. On December 5, 2014, the injured worker complained of pain to the low back affecting the right lower extremity. The pain was noted to travel laterally down to the calf region. She also had numbness and

tingling affecting both feet along with bilateral knee pain. Physical examination of the lumbar spine showed diffuse myofascial tenderness from L3 to S1 with muscle spasms with reduced range of motion. There was moderate swelling and diffuse tenderness about the bilateral knees with reduced range of motion. Treatment included lumbar epidural steroid injections, physical therapy and medication. Work status was not specified. A request was made for Percocet 5/325mg #150, Robaxin 500mg #120 and Neurontin 300mg #90. On December 11, 2014, Utilization Review denied the requests, noting lack documentation of functional response as a result of treatment with Neurontin, prolonged use with robaxin, and lack of functional gain and monitoring for medication compliance with Percocet. Utilization Review cited the MTUS guidelines.

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

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

**Percocet 5/325mg, #150 (every 4-6 hours): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

**Decision rationale:** The MTUS recommends prescribing opioids according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. The documentation from the physician does indicate that random urine drug screens were performed and were consistent with prescribed medications, and that the injured worker had an opioid contract and was compliant with the terms. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". Although a decrease in pain level with medications was noted, the progress notes reflect continued issues with chronic pain with some periods of increased pain. Work status was noted as "per AME" but no Agreed Medical Examination (AME) was submitted with the documentation and work status was not specified. The pain management physician does note improvement in activities of daily living as a result of medication, but the specific benefit related to the requested medication was not discussed. Functional improvement as defined by MTUS specifies improvement in activities of daily living or decreased work restrictions, AND decreased dependence on medical care. There was no evidence of decreased dependence on medical care, as over the 6 months of treatment during which records were provided, visits with both the pain management physician and the primary treating physician continued at the same monthly rate, and there was no decrease in medication use noted. The request for Percocet 5/325 #150 (every 4-6 hours) is not medically necessary.

**Robaxin 500mg, #120 (4x a day as needed): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): p. 63-66.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for 6 months at minimum. The quantity prescribed implies long term use, not for a short period of use for acute pain. The pain management physician does note improvement in activities of daily living as a result of medication, but the specific benefit related to the requested medication was not discussed. Functional improvement as defined by MTUS specifies improvement in activities of daily living or decreased work restrictions, AND decreased dependence on medical care. There was no evidence of decreased dependence on medical care, as over the 6 months of treatment during which records were provided, visits with both the pain management physician and the primary treating physician continued at the same monthly rate, and there was no decrease in medication use noted. The request for Robaxin 500 mg #120 (4x a day as needed) is not medically necessary.

**Neurontin 300mg, #90 (3x a day):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants (antiepilepsy drugs (AEDs) Page(s): p. 16-22.

**Decision rationale:** Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation does support that the injured worker had neuropathic pain. She has been treated with gabapentin for at least six months. Although a decrease in pain level with medications was noted, the progress notes reflect continued issues with chronic pain with some periods of increased pain. Work status was noted as "per AME" but no Agreed Medical Examination (AME) was submitted with the documentation and work status was not specified. The pain management physician does note improvement in activities of daily living as a result of medication, but the specific benefit related to the requested medication was not discussed. Functional improvement as defined by MTUS specifies improvement in activities of daily living or decreased work restrictions, AND decreased dependence on medical care. There was no evidence of decreased dependence on medical care, as over the 6 months of treatment during which records were provided, visits with both the pain management physician and the primary treating physician continued at the same monthly rate, and there was no decrease in medication use noted. Due to the lack of demonstration of functional improvement, the request for Neurontin 300 mg #90 (3 x a day) is not medically necessary.

