

<b>Case Number:</b>	CM15-0000703		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	03/26/2001
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2015

### 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 was a 57 year old male, who sustained an industrial injury, on May 4, 2000. The injured worker chief complaint was aching neck and low back pain, with radiating pain to the shoulders right greater than the left. The injured worker was having severe pain in both hands, right greater than the left. The injured worker was having burning pain in the legs, right greater than the left with numbness. The injured worker was diagnosed with chronic neck pain, chronic low back pain and bilateral shoulder pain. The injured worker was using a lumbar and cervical support brace, pain medication, psychiatric treatments and CPCP machine. With medications the injured worker was able to perform activities of daily living. The primary physician requested prescriptions for Miralax, Metamucil for constipation, Voltaren gel, Norco, Oxycontin and Neurontin for pain control. On December 12, 2014, the UR denied prescriptions for Voltaren gel, Metamucil, Miralax, Norco, Oxycontin and Neurontin and cervical epidural steroid injection. The Oxycontin and Voltaren were denied based on the MTUS guidelines for Chronic Pain Medical Treatment Guidelines. The Metamucil and Miralax were denied on the bases of the ODG guidelines for constipation form opioid usage. The denial for the cervical epidural steroid injection was based on the MTUS guidelines for epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 40 mg, ninety count with five refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 is a 56 year old male with an injury date of 03/25/01. Based on the 10/09/14 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders and upper extremities; and low back pain with lower extremity numbness. The request is for OXYCONTIN 40MG, NINETY COUNT WITH FIVE REFILLS. The patient is status post cervical and lumbar fusion surgeries with radiculopathy, and shoulder arthroscopies, dates unspecified. Patient's pain is rated 7-8/10 with and 8-10/10 without medications. Patient's medications include Oxycontin, Norco, Voltaren gel, Neurontin, Metamucil, Protonix, and Zantac. The patient is temporarily totally disabled. 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. Oxycontin was prescribed in progress reports dated 06/19/14, 08/14/14, and 10/09/14. Patient reports the combination of Norco and Oxycontin "are very effective in reducing his daily neck and low back pain." With medications, the patient is able to tolerate his daily activities of living, spend time with family, and have a decent quality of life. In this case, treater has provided general statements without providing specific ADL examples to show significant improvement. Per progress report dated 10/09/14, treater states "the patient is compliant with medications without exhibiting any drug seeking behavior." However, there are no UDS, CURES, or pain contracts provided or discussed. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Norco 10/325 mg, 180 count with five refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid Therapy for Chronic Pain, by Jane C Ballentyne, MD, and Jianren Mao, MD, PhD

**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 is a 56 year old male with an injury date of 03/25/01. Based on the 10/09/14 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders and upper extremities; and low back pain with lower extremity numbness. The request is for NORCO 10/325MG, 180 COUNT WITH FIVE REFILLS. The patient is status post cervical and lumbar fusion surgeries with radiculopathy, and

shoulder arthroscopies, dates unspecified. Patient's pain is rated 7-8/10 with and 8-10/10 without medications. Patient's medications include Oxycontin, Norco, Voltaren gel, Neurontin, Metamucil, Protonix, and Zantac. The patient is temporarily totally disabled. 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 was prescribed in progress reports dated 06/19/14, 08/14/14, and 10/09/14. Patient reports the combination of Norco and Oxycontin "are very effective in reducing his daily neck and low back pain." With medications, the patient is able to tolerate his daily activities of living, spend time with family, and have a decent quality of life. In this case, treater has provided general statements without providing specific ADL examples to show significant improvement. Per progress report dated 10/09/14, treater states "the patient is compliant with medications without exhibiting any drug seeking behavior." However, there are no UDS, CURES, or pain contracts provided or discussed. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Voltaren Gel, five tubes with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 Topical Analgesics Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The patient is a 56 year old male with an injury date of 03/25/01. Based on the 10/09/14 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders and upper extremities; and low back pain with lower extremity numbness. The request is for VOLTAREN GEL, FIVE TUBES WITH FIVE REFILLS. The patient is status post cervical and lumbar fusion surgeries with radiculopathy, and shoulder arthroscopies, dates unspecified. Patient's medications include Oxycontin, Norco, Voltaren gel, Neurontin, Metamucil, Protonix, and Zantac. The patient is temporarily totally disabled. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal antiinflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Treater has not provided reason for the request. There are no discussions regarding location that will be treated, nor medication efficacy. Furthermore, the patient does not present with peripheral joint arthritis/tendinitis, for which an NSAID lotion would be indicated. The request does not meet MTUS indications. Therefore, Voltaren gel IS NOT medically necessary.

**Neurontin 800 mg, ninety count with five refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-20.

**Decision rationale:** The patient is a 56 year old male with an injury date of 03/25/01. Based on the 10/09/14 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders and upper extremities; and low back pain with lower extremity numbness. The request is for NEURONTIN 800MG, NINETY COUNT WITH FIVE REFILLS. The patient is status post cervical and lumbar fusion surgeries with radiculopathy, and shoulder arthroscopies, dates unspecified. Patient's medications include Oxycontin, Norco, Voltaren gel, Neurontin, Metamucil, Protonix, and Zantac. The patient is temporarily totally disabled. 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."Neurontin was prescribed in progress reports dated 06/19/14, 08/14/14, and 10/09/14. Per progress report dated 10/09/14, Neurontin is prescribed for the neuropathic component of pain. With medications, the patient is able to tolerate his daily activities of living, spend time with family, and have a decent quality of life. Patient's pain is rated 7-8/10 with and 8-10/10 without medications. Given patient's diagnosis, continued symptoms and documentation of medication efficacy, the request appears reasonable. Therefore, the request for Neurontin IS medically necessary.

**Metamucil with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

**Decision rationale:** The patient is a 56 year old male with an injury date of 03/25/01. Based on the 10/09/14 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders and upper extremities; and low back pain with lower extremity numbness. The request is for METAMUCIL WITH FIVE REFILLS. The patient is status post cervical and lumbar fusion surgeries with radiculopathy, and shoulder arthroscopies, dates unspecified. Patient's pain is rated 7-8/10 with and 8-10/10 without medications. Patient's medications include Oxycontin, Norco, Voltaren gel, Neurontin, Metamucil, Protonix, and Zantac. The patient is temporarily totally disabled. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use."Metamucil was prescribed in progress reports dated 06/19/14, 08/14/14, and 10/09/14. Per progress report dated 10/09/14, treater states

that Metamucil is recommended by gastroenterologist for the management of constipation. The patient is still experiencing constipation. MTUS recognizes constipation as a common side effect of chronic opiate use. However, opiates have not been authorized. Therefore, the request for Metamucil IS NOT medically necessary.

**Miralax with five refills:** 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 therapeutic trial of opioids Page(s): 77.

**Decision rationale:** The patient is a 56 year old male with an injury date of 03/25/01. Based on the 10/09/14 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders and upper extremities; and low back pain with lower extremity numbness. The request is for MIRALAX WITH FIVE REFILLS. The patient is status post cervical and lumbar fusion surgeries with radiculopathy, and shoulder arthroscopies, dates unspecified. Patient's pain is rated 7-8/10 with and 8-10/10 without medications. Patient's medications include Oxycontin, Norco, Voltaren gel, Neurontin, Metamucil, Protonix, and Zantac. The patient is temporarily totally disabled. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." It appears the patient is still experiencing constipation, and MTUS recognizes constipation as a common side effect of chronic opiate use. However, opiates have not been authorized. Therefore, the request for Miralax IS NOT medically necessary.

**Cervical ESI (no levels provided):** 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 ESI Page(s): 46-47.

**Decision rationale:** The patient is a 56 year old male with an injury date of 03/25/01. Based on the 10/09/14 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral shoulders and upper extremities. The request is for CERVICAL ESI (NO LEVELS PROVIDED). The patient is status post cervical fusion surgery with radiculopathy, and shoulder arthroscopies, dates unspecified. Patient's pain is rated 7-8/10 with and 8-10/10 without medications. With medications, the patient is able to tolerate his daily activities of living, spend time with family, and have a decent quality of life. Patient's medications include Oxycontin, Norco, Voltaren gel, Neurontin, Metamucil, Protonix, and Zantac. Physical examination to the cervical spine on 10/09/14 revealed moderated tenderness over the paraspinals and bilateral upper trapezius muscles. Range of motion was limited. Per

progress report dated 10/09/14, MRI cervical spine dated 09/30/14 revealed "status post anterior fixation at C5-6. No evidence for recurrent disc on this nonenhanced examination. No high grade central canal or neural canal stenoses identified within the cervical spine." The patient is temporarily totally disabled. MTUS page 46,47 states that an ESI is "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." MTUS further states, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." Per progress report dated 10/09/14, treater states "awaiting authorization for cervical epidural steroid injection to help better control neck pain and cervical radiculopathy and to avoid trips to ER for severe pain." However, there are no significant physical examination findings to support patient's cervical radicular symptoms. Treater has not indicated level, nor sides to be injected, and there is no corroboration with MRI or electrodiagnostic studies. The request does not meet guideline criteria. Therefore, the request IS NOT medically necessary.