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| <b>Case Number:</b>   | CM15-0018295 |                              |            |
| <b>Date Assigned:</b> | 02/06/2015   | <b>Date of Injury:</b>       | 11/24/2003 |
| <b>Decision Date:</b> | 03/25/2015   | <b>UR Denial Date:</b>       | 01/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/30/2015 |

### 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: District of Columbia, Virginia  
 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 32 year old man sustained an industrial injury on 11/24/2003. The mechanism of injury is not detailed. Current diagnoses include multilevel disc protrusion, bilateral lower extremity L5 radiculopathy, situational depression, and bilateral knee pain with internal disruption. Treatment has included oral medication, psychiatric treatment, and surgical intervention. Physician notes dated 11/11/2014 show continuation of weaning from Norco with difficulty. The physician has decided to make an increase to the frequency while decreasing the strength and then continue decreasing in the future. Recommendations include plans for Norco as above, decreasing Kadian on next visit, Neurontin to help with the weaning process, follow up with specialists, consider inpatient detoxification if necessary, and random urinary drug testing. On 1/2/2015, Utilization Review evaluated prescriptions for Kadian 60mg #60, Norco 7.5/325mg #90, and Neurontin 600mg #90, that were submitted on 1/30/2015. The UR physician noted failure to respond to a time limited course of opioids leads to suggestion of reassessment and consideration of alternative therapies. There is no documentation of functional benefit from Norco or Kadian. The worker has been weaning from the Norco. Regarding the Neurontin, documentation of functional improvement is not found. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests are denied and 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:

**Kadian 60mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 74-82.

**Decision rationale:** Kadian is also known as morphine. The patient had issues with chronic pain in the lumbar region. There was no functional benefit established with this medication and a process of weaning was recommended. The patient had difficulty with this. Per review of the clinical data provided, there is no established medical need for this medication. Per MTUS: Opioids This topic is covered under multiple headings. For patients with risk factors for drug abuse, a treating physician may consider utilizing the Controlled Substance Utilization Review and Evaluation System (CURES, <http://ag.ca.gov/bne/trips.htm>). CURES was established to automate the collection and analysis of all Schedule II controlled substance prescriptions issued in California. A physician may request a search for a Schedule II prescription history for a specific patient. Opioids, criteria for use CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids 1) Establish a Treatment Plan. The use of opioids should be part of a treatment plan that is tailored to the patient. Questions to ask prior to starting therapy: (a) Are there reasonable alternatives to treatment, and have these been tried (b) Is the patient likely to improve Examples: Was there improvement on opioid treatment in the acute and subacute phases Were there trials of other treatment, including non-opioid medications (c) Is there likelihood of abuse or an adverse outcome See Substance abuse (tolerance, dependence, addiction). (d) Ask about Red Flags indicating that opioids may not be helpful in the chronic phase: (1) Little or no relief with opioid therapy in the acute and subacute phases. (2) The patient has had a psychological evaluation and has been given a diagnosis of soma to form disorder. (3) The patient has been given a diagnosis in one of the particular diagnostic categories that have not been shown to have good success with opioid therapy: conversion disorder; somatization disorder; pain disorder associated with psychological factors (such as anxiety or depression). (e) When the patient is requesting opioid medications for their pain and inconsistencies are identified in the history, presentation, behaviors or physical findings, physicians and surgeons who make a clinical decision to withhold opioid medications should document the basis for their decision.

**Norco 7.5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 75,91.

**Decision rationale:** Per MTUS: Short-acting opioids: also known as normal-release or immediate-release opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or break through pain. These agents are often combined with other

analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Short acting opioids include Morphine (Roxanol), Oxycodone (OxyIR, Oxyfast), Endocodone, Oxycodone with acetaminophen, (Roxilox, Roxicet, Percocet, Tylox, Endocet), Hydrocodone with acetaminophen, (Vicodin, Lorcet, Lortab, Zydone, Hydrocet, Norco), Hydromorphone (Dilaudid, Hydrostat). (Baumann, 2002)The patient had issues with chronic pain in the lumbar region. There was no functional benefit established with this medication and a process of weaning was recommended. The patient had difficulty with this. Per review of the clinical data provided, there is no established medical need for this medication.

**Neurontin 600mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 16,18-19,60,67.

**Decision rationale:** Per MTUS: 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 neuropathy. 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) Weaning and/or changing to another drug in this class: Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. (Neurontin package insert) When to switch to pregabalin: If there is evidence of inadequate response, intolerance, hypersensitivity or contraindications. There have been no head-to-head comparison trials of the two drugs. The patient had issues with chronic pain in the lumbar region. There was no functional benefit established with this medication and a process of weaning was recommended. The patient had difficulty with this. Per review of the clinical data provided, there is no established medical need for this medication.