

<b>Case Number:</b>	CM15-0018653		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	08/13/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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:

This 67 year old female sustained a work related injury on 08/13/2011. According to a progress report dated 12/29/2014, the injured worker was seen for neck and bilateral upper extremity pain. Without medications, pain was rated 7 on a scale of 1-10. With medications she had an improvement in her ability to cook, clean and take care of herself including bathing. Medications included Percocet and Gralise and Naproxen as needed. The provider noted that Tramadol and Menthoderm were denied. According to a previous office visit dated 12/01/2014, the injured worker rated her pain 5 on a scale of 1-10. The provider noted that the injured worker had failed previous neuropathic agents and did not wish to be on antidepressants. According to an office visit on 09/12/2014, pain level was rated 5-7 on a scale of 1-10. Medications included Percocet and Gabapentin. The provider noted that the injured worker had severe neuropathic pain in her upper extremities that was reduced more than 50 percent with Gabapentin. On 01/07/2015, Utilization Review non-certified Gralise 600mg sixty count and Percocet 10/325mg 180 count. According to the Utilization Review physician, in regard to Percocet, there was no report regarding side effects of this medication, no report regarding assessment for pain control including least reported pain over a period since last assessment, average level of pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. CA Chronic Pain Medical Treatment Guidelines were cited. In regard to Gralise, there was no discussion regarding failure of first-line agents for neuropathic pain including the use of antidepressant or Neurontin. CA MTUS Chronic Pain Medical

Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

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

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

**Percocet 10/325 mg, 180 count:** Upheld

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

**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 cervical spine pain rated 7/10 without medications. The patient's date of injury is 08/13/01. Patient is status post C4 through C7 anterior cervical discectomy and fusion in 2004. The request is for PERCOCET 10/325MG 180 COUNT. The RFA is dated 12/29/14. Physical examination dated 12/29/14 reveals full strength in the upper extremities and a PHQ-9 score of 12/30 indicating mild depression. No other pertinent physical findings are included. The patient is currently prescribed Naproxen, Gralise, and Percocet. Diagnostic imaging was not included, though 12/29/14 progress report describes undated MRI findings: "Severe left C3-C4 foraminal narrowing, moderate bilateral foraminal narrowing C7-T1 and moderate to severe bilateral foraminal narrowing T1-T2, and focal cord myelomalacia." Patient's current work status is not provided. 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. In regards to the request for continued use of Percocet for the management of this patient's chronic cervical spine pain, treater has not provided adequate documentation of analgesia. Progress note dated 12/29/14 states that the patient's pain level is 7/10 without medications, does not discuss pain level with medications. The previous note, dated 12/10/14 describes a pain level of 5/10 but does not clearly indicate that this is improvement attributed to medications. Progress note dated 12/29/14 does include specific functional improvements, but it is unclear which medication these improvements are attributed to. Furthermore, there are no recent consistent drug screen results or discussion of a lack aberrant behaviors. Owing to a lack of 4A's as required by MTUS, the request IS NOT medically necessary.

**Gralise 600 mg, sixty count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin Page(s): 18-19.

**Decision rationale:** The patient presents with cervical spine pain rated 7/10 without medications. The patient's date of injury is 08/13/01. Patient is status post C4 through C7 anterior cervical discectomy and fusion in 2004. The request is for GRALISE 600MG, SIXTY COUNT. The RFA is dated 12/29/14. Physical examination dated 12/29/14 reveals full strength in the upper extremities and a PHQ-9 score of 12/30 indicating mild depression. No other pertinent physical findings are included. The patient is currently prescribed Naproxen, Gralise, and Percocet. Diagnostic imaging was not included, though 12/29/14 progress report describes undated MRI findings: "Severe left C3-C4 foraminal narrowing, moderate bilateral foraminal narrowing C7-T1 and moderate to severe bilateral foraminal narrowing T1-T2, and focal cord myelomalacia." Patient's current work status is not provided. MTUS has the following regarding Gralise -Gabapentin- on pg 18,19: "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." In regards to the request for Gralise, the request appears reasonable. Progress notes indicate that this patient has been taking this medication since at least 09/02/14. Progress note dated 10/14/14 attributes a 50 percent reduction in neuropathic pain attributed to this medication and improvement to activities of daily living such as cooking/cleaning. Given this patient's severe cervical and thoracic discopathy, and the established efficacy of this medication, continued use is appropriate. The request IS medically necessary.