

<b>Case Number:</b>	CM15-0113391		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 is a 55 year old female+, who sustained an industrial injury on 4/16/07. The injured worker was diagnosed as having status post laminectomy and discectomy with posterior lumbar interbody fusion and posterior instrumentation and fusion at L4-5 and L5-S1 performed on 2/4/14, lumbar spondylolisthesis, post laminectomy syndrome and obesity. Treatment to date has included oral medications including Norco, Prilosec, Fexmid and Neurontin, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of low back pain rated 8/10 associated with numbness and difficulty sleeping. She is not currently working. Physical exam noted a well healed surgical scar of lumbar spine, tenderness to palpation over the bilateral lumbar paravertebral spinal muscles with spasms and restricted range of motion. A request for authorization was submitted for Norco 10/325mg #90, Prilosec 20mg #60, Fexmid 7.5mg #90 and Neurontin 200mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician notes that this IW has increased activity with Norco and Neurontin he does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Further, it is noted in the available medical record that a prior authorization of this drug was intended for weaning purposes which is appropriate given the chronic use of this medication. As such, the request for Norco 325/10mg #90 is not medically necessary.

**Fexmid 7.5 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guidelines UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine (Fexmid), "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that this IW is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3

weeks" this request alone exceeds that recommendation. The available medical records do not fully detail the components outlined in the guidelines above and do not establish the need for long term of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended". Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Fexmid 7.5mg #90 is not medically necessary.

**Neurontin 200 mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "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) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended". Additionally, ODG states that 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". Based on the clinical documentation provided, there is evidence of neuropathic type pain or radicular pain on exam and subjectively which correlates with lumbar imaging. The IW in this case is no longer in a trial period and the available medical records seem to indicate efficacy of this medication. As such, I am reversing the prior UR and deem this request for Neurontin 200 mg #180 is medically necessary.