

<b>Case Number:</b>	CM15-0116114		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	12/31/1993
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	06/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Texas, Florida  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 48 year old female who sustained an industrial injury on 12/31/93. She had complaints of mid-thoracic and low back pain. Treatments include medications, physical therapy, hydrotherapy, back brace, spine simulator, epidural steroid injections and surgery. Diagnostic testing includes x-ray, MRI, CT scan and electrodiagnostic studies. Primary treating physician's progress report dated 4/28/15 reported continued complaints of left lower back pain, left calf pain, and left foot pain. The pain is described as sharp, throbbing, burning, and shooting. Diagnoses include low back pain, post lumbar laminectomy syndrome, and nervous system complication not otherwise specified. The IW was noted to have sleep disturbance, mood changes, irritability and anger issues. Plan of care includes: request authorization to continue Norco 10/325 mg 1-2 every 4-6 hours as needed for pain, Oxycontin 40 mg 2 twice per day, Neurontin 300 mg 1 every 6 hours as needed, provide Gabapentin on a trial basis, continue home exercise program and follow up in four to six weeks. The UDS in 2013 was Inconsistent with the presence of non prescribed temazepam. The 10/1/2014 UDS was Consistent with prescribed medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 240 with two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT has failed. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative agents. The guidelines recommend that chronic pain patient with significant psychosomatic disorders be concurrently treated with anticonvulsant and antidepressant analgesic medications. The records indicate possible hyperalgesia state as the patient did not have significant subjective or objective findings of functional restoration and increase in ADL despite utilizing high dose opioids for many years. There is no indicate that the patient have failed treatment with NSAIDs, PT and non opioid co-analgesic medications. The prescription of multiple opioid refills is not recommended because the guidelines require documentation of continual indication, compliance and functional restoration. The guidelines require that chronic pain patients with significant psychosomatic disorders utilizing on high dose opioids be referred to Multidisciplinary Pain Programs or Addiction centers for safe weaning. The criterion for the use of 10/325mg #240 with 2 refills is not met and therefore is not medically necessary.

**Oxycontin 40mg quantity 120 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of severe musculoskeletal pain when standard treatment with NSAIDs and PT has failed. The chronic use of high dose opioids is associated with the development of tolerance, dependency, opioid induced hyperalgesia, sedation, addiction and adverse interaction with other sedative agents. The guidelines recommend that chronic pain patient with significant psychosomatic disorders be concurrently treated with anticonvulsant and antidepressant analgesic medications. The records indicate possible hyperalgesia state as the patient did not have significant subjective or objective findings of functional restoration and increase in ADL despite utilizing high dose opioids for many years. There is no indicate that the patient have failed treatment with NSAIDs, PT and non opioid co-analgesic medications. The guidelines require that chronic pain patients with significant psychosomatic disorders utilizing on high dose opioids be referred to Multidisciplinary Pain Programs or Addiction centers for safe

weaning. The criteria for the use of Oxycontin 40mg #120 with 2 refills was not met and therefore is not medically necessary.

**Neurontin 300mg quantity 120 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of chronic musculoskeletal pain syndrome. The guidelines recommend chronic pain patients with significant psychosomatic symptoms be treatment with co-analgesic anticonvulsant and antidepressant medications. The records indicate that the patient is already utilizing standard formulation gabapentin before the extended release formulation - Gralise samples were started. There was no documentation of failure of standard formulation of gabapentin. The criteria for the use of gabapentin 300mg #120 with 2 refills was not met and therefore is not medically necessary.

**Senna 8.6mg quantity 180 with two refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic): Opioid induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prophylaxis and treatment of opioids induced constipation. It is recommended that non medication measures such as increased fluid and fibers as well as exercise can be utilized initially and continues during chronic opioid treatment to minimize the incidence and severity of constipation. The records did not show that these measures are being implemented. The constipation is an adverse effects that is associated with chronic utilization of high dose opioids which is now non-certified. The criteria for the continual use of Senna 8.6mg #120 with 2 refills was not met and therefore is not medically necessary.

**Unknown trial prescription of Gralise samples:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, chronic, Gralise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of chronic musculoskeletal pain syndrome. The guidelines recommend chronic pain patients with significant psychosomatic symptoms be treatment with co-analgesic anticonvulsant and antidepressant medications. The records indicate that the patient is already utilizing standard formulation gabapentin before the extended release formulation-Gralise samples were started. There was no documentation of failure of standard formulation of gabapentin. The criterion for the use of trial prescription of Gralise samples were not met and therefore are not medically necessary.