

<b>Case Number:</b>	CM15-0117693		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	11/30/2003
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 50-year-old male, who sustained an industrial injury on November 30, 2003. The mechanism of injury was not provided. The injured worker has been treated for low back complaints. The diagnoses have included lumbosacral neuropathic pain, low back pain with bilateral lower extremity radicular pain, long-term use (current) of medications, chronic pain syndrome, lumbar or thoracic radiculopathy, peripheral neuropathy and depression. Testing to date has included radiological studies and electro diagnostic studies. Treatment includes injections, medications, physical therapy, acupuncture treatments, chiropractic treatments, transcutaneous electrical nerve stimulation unit, right shoulder arthroscopy and several lumbar spine surgeries. Conservative treatment including physical therapy, acupuncture treatments and chiropractic treatments failed to have a lasting benefit. Current documentation dated May 7, 2015 notes that the injured worker reported constant low back pain with radiation down the bilateral lower extremities. The injured worker noted that medications help him to do 4-5 times more activity and provides at least a 75% pain relief. The injured worker was able to walk up to 45 minutes before taking a break with the medications. The medications help him remain functional to do activities of daily living and exercising. Medications included Ultram ER, Hydromorphone and Gralise. The medication Gralise was noted to help reduce his neuropathy by 40 %. Ultram ER reduced the injured workers neck and back pain by 25-30%. The injured worker also noted taking Hydromorphone more frequently due to increased pain. The current medication regime was noted to enable the injured worker to stand and walk an additional 45-60 minutes. The documentation notes that the medication regime drops the injured workers pain

level from a 7 to a 3 on the visual analogue scale which is manageable for the injured worker. The documentation supports that the injured worker received Norco from another provider due to shoulder pain. A urine drug screen done 1/22/2015 was positive for Norco. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles bilaterally and along the sacroiliac joints. Range of motion was restricted and a straight leg raise test was equivocal bilaterally. The treating physician's plan of care included requests for Ultram ER 100 mg #90, Hydromorphone 4 mg #90 and Gralise 600 mg #90.

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

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

#### **Ultram ER 100mg #90: 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 Opioids for neuropathic pain Page(s): 82-83.

**Decision rationale:** The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. For injured worker's taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The total daily dose of opioids should not exceed 120 mg oral morphine equivalents. In this case, the documentation did note specific improvement in pain and improvement in function. The documentation also supports that the injured worker had received opioid medication from another provider and a urine drug screen was positive for an inappropriate medication. In addition, the injured worker was noted to be taking in excess of 120 mg of mg oral morphine equivalents per day. Therefore, the request for Ultram ER 100 mg #90 is not medically necessary.

#### **Hydromorphone 4mg #90: 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 Opioids Page(s): 74-96.

**Decision rationale:** The CA Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines discourages long-term usage of opiates unless "there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication

use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." In addition, MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day. For injured worker's taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The total daily dose of opioids should not exceed 120 mg oral morphine equivalents. In this case, the documentation did note specific improvement in pain and improvement in function. The documentation also supports that the injured worker had received an opioid medication from another provider and a urine drug screen was positive for an inappropriate medication. In addition, the injured worker was noted to be taking in excess of 120 mg of mg oral morphine equivalents per day. Therefore, the request for Dilaudid 4 mg #90 is not medically necessary.

**Gralise 600mg #90:** 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 Chapter, Gralise, Knee and Leg Chapter, Gralise.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49, 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Gralise.

**Decision rationale:** Gralise is an extended release formulation of Gabapentin and is not recommended as a first line agent. There is no evidence to support use of Gralise for neuropathic pain conditions or fibromyalgia without a trial of generic Gabapentin regular release. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Documentation dated November 4, 2011 notes that the injured worker had adverse effects, including difficulties with concentration and memory and feeling tired with the use of Neurontin. There was not documentation to support neuropathic pain. Additionally, the request does not include dosing or frequency. Therefore, the request for Gralise 600 mg #90 is not medically necessary.