

<b>Case Number:</b>	CM15-0120161		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	02/07/2013
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 2/7/13. The mechanism of injury was not indicated. The injured worker was diagnosed as having cervical myofascial tension with muscle spasm and trigger points in cervical muscles, cervical intervertebral disc extrusion at C5-6 and C7-8, cervical spondylosis, right shoulder impingement, right upper extremity brachial plexopathy with mild weakness and chronic migraine headaches, depression, moderate to severe anxiety, sleep disorder and chronic pain. Treatment to date has included oral medications including Horizant Gabapentin 300mg, Xartemis Oxycodone-APAP 7.5-325mg, Propranolol and Adderall, home exercise program and activity restrictions. Currently on 5-28-15, the injured worker reports since discontinuing all medications to assess whether he required his current medication regimen, the severity of pain increased by over 100%, paresthesias increased in right upper extremity, sleep deteriorated due to pain and he experienced exhaustion while working. He notes with medications he has been able to remain at a full time job. Documentation notes he signed an opiate contract on 3-31-15. Physical exam performed on 5-28-15 noted upset and anxious affect and frustration over chronic pain duration, duration of chronic pain and ingestion of medications to treat chronic pain along with prolonged disability. Tenderness of thoracic spine is noted from T1-8 with pressure provoked radiating paresthesias to the right arm; pectoral trigger points were provoked with overhead reaching, tenderness of shoulder is noted on palpation with restricted range of motion of shoulders; tenderness to palpation of elbows is noted also. A request for authorization was submitted on 5-28-15 for Horizant Gabapentin 300mg #60 and Xartemis Oxycodone-APAP 7.5-325mg #120. The

treatment plan included continuation of current medications and independent exercise program with return appointment in 2 weeks.

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

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

**Horizant Gabapentine 300mg #60 w/o refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Neurontin, Gabarone Page(s): 18 and 19.

**Decision rationale:** The current request is for Horizant Gabapentine 300mg #60 w/o refill. The RFA is dated 05/28/15. Treatment to date has included oral medications including Horizant Gabapentin 300mg, Xartemis Oxycodone-APAP 7.5-325mg, Propranolol and Adderall, home exercise program and activity restrictions. The patient is working full time. The MTUS guidelines page 18 and 19 states that "Gabapentin, Neurontin, Gabarone, generic available, 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." MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. Per report 05/28/15, the patient presents with neck, back and right shoulder pain and paresthesia in the right upper extremity. The treater has recommended a refill of Horizant. The patient states that with the use of Horizant her severity of pain is reduced over 50%. With medications she has be able to remain at a full time job. Given the documented decrease in pain and functional improvement, the use of Gabapentin has been substantiated. This request is medically necessary.

**Xartemis Oxycodone 7.5/325mg #120 w/o refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The current request is for Xartemis Oxycodone 7.5/325mg #120 w/o refill. The RFA is dated 05/28/15. Treatment to date has included oral medications including Horizant Gabapentin 300mg, Xartemis Oxycodone-APAP 7.5-325mg, Propranolol and Adderall, home exercise program and activity restrictions. The patient is working full time. 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. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS pages 80 and 81 also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per report 05/28/15, the patient presents with neck, back and right shoulder pain and paresthesia in the right upper extremity. The treater has recommended a refill of oxycodone. The patient states that with the use of Oxycodone her severity of pain is reduced over 50%. With medications she has be able to remain at a full time job. UDS is provided to monitor for compliance and there is no reported aberrant behaviors or adverse side effects. In this case, the 4A's have been addressed, adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.