

Case Number:	CM15-0128295		
Date Assigned:	07/15/2015	Date of Injury:	12/23/2008
Decision Date:	09/11/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female, who sustained an industrial injury on 12/23/2008. She reported that she slipped on wet floor and fell landing on her buttocks and left upper extremity. Treatment to date has included medications, physical therapy, acupuncture, lumbar fusion and a rotator cuff repair. According to a neurological panel qualified medical evaluation dated 12/08/2014, the injured worker had been taking Norco 2-3 tablets three times daily since 2009, Gabapentin 600mg three times daily since 2010 and Restoril at bedtime since 2014. A drug screen report dated 04/23/2015 was submitted for review. Medications listed on the report included Gabapentin, Restoril and Percocet. The test results were negative for benzodiazepines and opiates and positive for Acetaminophen. According to a progress report dated 06/09/2015, the injured work complained of neck pain that was rated 8-9 on a scale of 1-10, low back pain rated 8-9, left shoulder pain rated 10 and increased ulnar neuritis left elbow rated 6. These pain scores were without medications. She reported that she had been having more stiffness in her left hand after repetitive use and then it locked on her. The neck and low back continued to be painful and she was having difficulty sleeping at night. Medications increased ability to function and she could do some chores, cook, clean and take care of her daughter. Diagnoses included status post lumbar fusion with residual left lower extremity radiculopathy, cervical strain, herniated nucleus pulposus C5-6, cervical radiculitis left C6-7 distribution, large cervical disc herniation, status post left shoulder rotator cuff repair with residuals with persistent partial rotator cuff tear, left wrist TFCC strain/contusion and left ulnar neuritis. Recommendations were noted as Percocet 10/325 mg one by mouth three times a day #90, Neurontin 600 mg one by

mouth four times a day #120 for neuropathic pain and Melatonin over the counter for sleep, home exercise program, return to clinic in 6-8 weeks, narcotic contract updated, updated neck and shoulder MRIs and requesting surgery as pain was getting worse. Currently under review is the request for Percocet 10/325 mg #90, Neurontin 600 mg #120 and urine drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that on-going management of opioid therapy should include 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 the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case there was no discussion of the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. There was no documentation of objective evidence of specific functional improvement with use of Percocet. There was no discussion of specific improvement of activities of daily living as a result of the use of opioids. The provider documented "requesting surgery as pain is getting worse". In addition a drug screen report dated 04/23/2015 was negative for opiates although the medication regimen on the report listed Percocet. The medical necessity for this request was not established. The requested treatment is not medically necessary.

Neurontin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED), Gabapentin (Neurontin) Page(s): 16-18, 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy drugs for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials for the use of this

class of medications for neuropathic pain have been directed at post herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: a switch to a different first-line agent (tricyclic antidepressant, serotonin norepinephrine reuptake inhibitor or antiepileptic drug are considered first line treatment) or combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepileptic drugs depends on improved outcomes versus tolerability of adverse effects. MTUS Guidelines state that Gabapentin is an anti-epilepsy drug (AEDs- also referred to as anti-convulsants), 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. In this case, the injured worker had been using Gabapentin since 2010. Documentation failed to show objective evidence of functional improvement with use of Gabapentin. The provider noted in a recent progress report "requesting surgery as pain is getting worse". There was no documentation of a 30-50% reduction of pain with use. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Urine drug screening: 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): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Urine Drug Testing.

Decision rationale: CA MTUS Guidelines recommend use of drug screening or inpatient treatment with issues of abuse, addiction or poor pain control. Official Disability Guidelines state that urine drug testing is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment setting (i.e. when opioids are required for nociceptive pain). It is recommended in cases in which the patient asks for a specific drug, particularly if the drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic substitution. UDT is recommended if the patient has a positive or "at risk" addiction screen on evaluation and if aberrant behavior or misuse is suspected and/or detected. For ongoing-monitoring UDT is recommended if a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. If dose increases are not decreasing pain and increasing function, consideration of urine drug testing should be made to aid in evaluating medication compliance and adherence. In this case, the injured worker was prescribed Percocet and Neurontin. The request for Percocet was not found to be medically necessary. There was no

indication documented by the provider for the request for urine drug screen. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.