

<b>Case Number:</b>	CM15-0171615		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	11/23/2009
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, 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 52 year old female who sustained an industrial injury on 11/23/2009. The injured worker was diagnosed with lumbar strain, multi-level disc disease of the lumbar spine, cervical sprain and cervical disc protrusion. According to the treating physician's progress report on July 22, 2015, the injured worker continues to experience low back pain radiating to her bilateral legs and feet associated with numbness and tingling. The injured worker rated her pain at 9 out of 10 without medications and reduced to 7 on the pain scale with medications. The injured worker reported the pain wakes her up at night and she needs a cane when walking at home. Visual inspection noted a well preserved posture and no surgical scars of the lumbar or cervical areas. Evaluation of the gait pattern was normal. Heel to toe could not be conducted due to pain. Examination of the lumbosacral spine on July 22, 2015 demonstrated tenderness throughout the paravertebral muscles and worse at L4-L5 and L5-S1. Forward flexion was documented at 25%. Extension was noted at 20 degrees, bilateral lateral flexion at 25 degrees each and bilateral lateral rotation at 35 degrees each. Straight leg raise was positive bilaterally at 25 degrees from a sitting position. Sensation to light touch and pinprick was intact in all dermatomes in the bilateral lower extremities. Knee and ankle jerks were 1+ bilaterally. The cervical spine examination demonstrated tenderness at the cervical paravertebral and trapezius muscles, mostly on the right side. Cervical compression and Spurling's were negative. Urine drug screening performed in June 2015 was documented by the provider on July 22, 2015 as compliant. Current medications were listed as Norco, Morphine Sulfate, Valium and Neurontin. The injured worker has been on Norco and Morphine Sulfate for at least 6 months going back to

a report dated December 2014. Treatment plan consists of continuing with home exercise program, re-evaluation in 2-3 weeks and on 07-22-2015 the provider requested authorization for medication renewals. The Utilization Review determined the request for Gabapentin 100mg #60, Norco 10mg-325mg # 60, Morphine 30mg ER #60 and Valium 2mg #30 was not medically necessary on 08-03-2015. A report dated May 27, 2015 indicates that the patient's medication reduces pain from 8/10 to 4/10. Valium is being prescribed for muscle relaxation.

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

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

#### **Gabapentin 100 mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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 AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, it appears the patient has significant pain of which is improved with the current medication regimen. However, it is unclear how much the gabapentin specifically is improving the patient's symptoms. Furthermore, there is no documentation of improved function. As such, a one month prescription, as requested here, seems reasonable to allow the requesting physician time to document those items. As such, the currently requested gabapentin (Neurontin) is medically necessary.

#### **Norco 10/325 mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient has significant pain of which is improved with the current medication regimen, and the patient is noted to undergo regular monitoring. However, it is unclear how much the Norco specifically is improving the patient's symptoms. Furthermore, there is no documentation of improved function. As such, a one month prescription, as requested here, seems reasonable to allow the requesting physician time to document those items. As such, the currently requested Norco is medically necessary.

**Morphine 30 mg ER #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Morphine, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears the patient has significant pain of which is improved with the current medication regimen, and the patient is noted to undergo regular monitoring. However, it is unclear how much the Morphine specifically is improving the patient's symptoms. Furthermore, there is no documentation of improved function. As such, a one month prescription, as requested here, seems reasonable to allow the requesting physician time to document those items. As such, the currently requested Morphine is medically necessary.

**Valium 2 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks: Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant". Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Additionally, benzodiazepines are not indicated for the treatment of muscle spasm. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.