

<b>Case Number:</b>	CM15-0172908		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	07/10/1998
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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, Hawaii

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 55 year old female, who sustained an industrial injury on July 10, 1998. A review of the medical records indicates that the injured worker is undergoing treatment for post cervical laminectomy syndrome, cervical disc disorder, and cervical radiculopathy. On July 16, 2015, the injured worker reported neck pain that radiates from the neck down both arms, rated as a 7 on a scale of 1 to 10, with poor quality of sleep. The Primary Treating Physician's report dated July 16, 2015, noted the injured worker's activity level had remained the same, tolerating a change from Kadian to MS Contin well. The injured worker was noted to report the cervical epidural steroid injection (ESI) on May 26, 2015, decreased her arm pain by 60-70%, but she continued to feel "that her head is "too heavy" for her neck". The injured worker reported the medications gave her increased function and improvement in her quality of life. The injured worker's pain score was noted to reduce from 7 out of 10 to 4 out of 10 with medications, continuing to work full time. The injured worker's current medications were listed as Lidoderm patch, Neurontin, Norco, all prescribed since at least January 2015, and MS Contin Cr. The injured worker was noted to have a normal gait, with the cervical spine range of motion (ROM) restricted, and tenderness of the bilateral paravertebral muscles bilaterally of the cervical spine. The Physician noted 'My concern that tapering her meds after she had been so stable for several years is that I will have to request more interventions, such as epidural injections, and that her pain will not be well controlled enough for her to continue working full time". Prior treatments have included cervical fusion in 2000, at least 9 sessions of physical therapy, home exercise program (HEP), and medications. The injured worker's work status was noted to be permanent

and stationary. The June 18, 2015, Primary Treating Physician's report noted the injured worker rated her pain as 5 on a scale of 1 to 10 with the quality of sleep good. The Physician discontinued the injured worker's Kadian with a Trial of MS Contin. The Primary Treating Physician's report dated May 21, 2015, noted the injured worker rated her pain with medications as 8 on a scale of 1 to 10 with medications, and 10 on a scale of 1 to 10 without medications with poor quality of sleep, and a decreased activity level. The request for authorization dated July 22, 2015, requested Neurontin 300mg #90, Norco 10/325mg #120, and MS Contin CR 30mg #60. The Utilization Review (UR) dated July 28, 2015, non-certified the requests for Neurontin 300mg #90, Norco 10/325mg #120, and MS Contin CR 30mg #60.

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

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

**Neurontin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The patient presents with neck pain that radiates from the neck down both arms, rated as a 7 on a scale of 1 to 10, with poor quality of sleep. The current request is for Neurontin 300mg #90. The treating physician states, in a report dated 07/16/15, "Neurontin 300 mg Cap SIG: Take 1 three times a day." (117C) The MTUS guidelines for the usage of Gabapentin state that it is indicated for the treatment of neuropathic pain. The progress report mentions cervical radiculopathy as a diagnosis, which is a cause of neuropathic pain. Therefore, the current request is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with neck pain that radiates from the neck down both arms, rated as a 7 on a scale of 1 to 10, with poor quality of sleep. The current request is for Norco 10/325mg #120. The treating physician states, in a report dated 07/16/15, "Continue Norco at current dose." (120C) The MTUS guidelines state, "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires

documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, no such documentation is provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, only pain scale of 7/10 to 4/10 is provided. There is inadequate documentation provided to show medication efficacy. The current request is not medically necessary.

**MS Contin CR 30mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with neck pain that radiates from the neck down both arms, rated as a 7 on a scale of 1 to 10, with poor quality of sleep. The current request is for MS Contin CR 30mg #60. The treating physician states, in a report dated 07/16/15, "Continue MS Contin 30 mg BID, pt. tolerated change from Kadian well." (120C) The MTUS guidelines state, "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, no such documentation is provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. For medication efficacy, only pain scale of 7/10 to 4/10 is provided. There is inadequate documentation provided to show medication efficacy. The current request is not medically necessary.