

<b>Case Number:</b>	CM15-0177487		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	09/13/2006
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Massachusetts

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 45 year old male, who sustained an industrial injury on September 13, 2006. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration, chronic pain, failed lumbar back surgery syndrome, lumbar post-laminectomy syndrome, lumbar radiculitis, lumbar radiculopathy, status post lumbar spine fusion, status post removal of hardware, anxiety, depression, obesity, failed epidurals, and failed spinal cord stimulator (SCS) trial. On July 31, 2015, the injured worker reported low back pain that radiated down the bilateral lower extremities, accompanied by numbness and tingling, with frequent and severe muscle spasms in the back. The single Treating Physician's report submitted for review dated July 31, 2015, noted the injured worker rated his pain as 6 out of 10 in intensity on average with medications since the previous visit, and 9-10 out of 10 in intensity on average without medications since the previous visit. The injured worker reported ongoing activities of daily living (ADLs) limitations due to pain with self-care, hygiene, activity, ambulation, sleep, and sex. The injured worker reported us of opioid pain medication helpful, with medications noted to be helping the injured worker function, "attempting to wean narcotics". The physical examination was noted to show the injured worker observed to be in moderate to severe distress with a slow antalgic gait using a cane for ambulation. The lumbar spine examination was noted to show tenderness to palpation in the spinal vertebral area L4-L5 levels with range of motion (ROM) moderately to severely limited, and the sensory examination showed decreased sensitivity to touch along the L4-S1 dermatome in the bilateral lower extremities. Motor examination was noted to show moderate decreased strength in the bilateral

lower extremities with a seated straight leg raise positive bilaterally at 45 degrees and an absent Waddell's sign. The injured worker was noted to receive a Toradol-B12 injection. The injured worker was noted to currently not be working. The treatment plan was noted to include renewal of the injured worker's current medications including Duloxetine DR (Cymbalta), Flexeril, Lyrica, Percocet, weaning slowly from previous dosage, Naproxen Sodium, and Neurontin. The Treating Physician's request for authorization was noted to request Naproxen Sodium 550mg, Neurontin 600mg, and Percocet 325mg #70. The Utilization Review (UR) dated August 21, 2015, non-certified the request for Naproxen Sodium 550mg, Neurontin 600mg, and Percocet 325mg #70.

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

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

**Naproxen sodium 550mg:** 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): NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in September 2006 and is being treated for chronic radiating low back pain including a diagnosis of failed back surgery syndrome. When seen, medications were decreasing pain from 9-10/10 to 6/10. Medications are referenced as helping with function and attempting to wean narcotics is also referenced. Physical examination findings included an antalgic and slow gait. There was lumbar tenderness with decreased range of motion. There was decreased lower extremity strength and sensation and straight leg raising was positive. A Toradol/B12 injection was administered. Naproxen, Percocet, Lyrica, gabapentin, Duloxetine, and cyclobenzaprine were prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with reported improve function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is not specified in terms of frequency and quantity and for this reason the request cannot be accepted as being medically necessary. Neurontin (Gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is not specified in terms of frequency and quantity and Lyrica is also being prescribed which is duplicative. The request cannot be accepted as being medically necessary.

**Neurontin 600mg: 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 claimant sustained a work injury in September 2006 and is being treated for chronic radiating low back pain including a diagnosis of failed back surgery syndrome. When seen, medications were decreasing pain from 9-10/10 to 6/10. Medications are referenced as helping with function and attempting to wean narcotics is also referenced. Physical examination findings included an antalgic and slow gait. There was lumbar tenderness with decreased range of motion. There was decreased lower extremity strength and sensation and straight leg raising was positive. A Toradol/B12 injection was administered. Naproxen, Percocet, Lyrica, gabapentin, Duloxetine, and cyclobenzaprine were prescribed. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Percocet (Oxycodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain with reported improve function. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is not specified in terms of frequency and quantity and for this reason the request cannot be accepted as being medically necessary. Neurontin (gabapentin) Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. In this case, the claimant's gabapentin dosing is not specified in terms of frequency and quantity and Lyrica is also being prescribed which is duplicative. The request cannot be accepted as being medically necessary.

**Percocet 325mg #70: Overturned**

**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 for chronic pain, Opioids, long-term assessment.

**Decision rationale:** The claimant sustained a work injury in September 2006 and is being treated for chronic radiating low back pain including a diagnosis of failed back surgery syndrome. When seen, medications were decreasing pain from 9-10/10 to 6/10. Medications are referenced as helping with function and attempting to wean narcotics is also referenced. Physical

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