

<b>Case Number:</b>	CM15-0024438		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	08/28/2003
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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:

This is a 66 year-old male who has reported widespread pain and mental illness after an injury on 8/28/03. The diagnoses have included opioid dependence, depression, post-laminectomy syndrome, myalgia, epicondylitis, cubital tunnel syndrome treated surgically, and alcohol abuse. Treatment has included many medications, long term opioids, a variety of injections, psychotherapy, physical therapy, cervical spine fusion, TENS, traction, extremity surgery, and a functional restoration program. He has not worked for many years. The available records show prescribing of gabapentin, oxycodone, and Voltaren gel since at least 2012. He has also been prescribed multiple benzodiazepines. While taking these medications he has been described as abusing alcohol and having totally disabling and life-threatening psychiatric disease. None of the available reports show specific and significant functional improvement from using opioids or any other medication. None of the reports describe the specific functional improvement of using any of the listed medications. In 2012, 3 benzodiazepines were reportedly stopped due to liver enlargement. Subsequent reports refer to cirrhosis of the liver, with no further discussion of this issue. No subsequent reports show ongoing prescribing of benzodiazepines. Some reports refer to using Voltaren gel for extremity pain. On 1/15/13 a urine drug screen was negative for gabapentin and positive for MDMA. This was not discussed by the treating physician in the next report. That report continued to state that gabapentin provided good pain relief. No physician reports the drug testing. A drug screen on 11/21/14 was positive for benzodiazepine, gabapentin, and oxycodone. In July 2013 oxycodone was increased from 60 to 90 per month due to post op pain, and stated to be temporary. An elbow surgery was scheduled in the next week, the apparent

reason for the increased oxycodone. However, all subsequent reports show that oxycodone was maintained at 90 per month. All reports describe this injured worker as disabled, temporarily totally disabled, and not working. When addressed in any detail, the injured worker is described as totally disabled on a psychiatric and orthopedic basis. The physician report of 1/23/15 provides no significantly different information from prior reports. There is a brief mention of the medications, with generic statements regarding pain relief and non-specific functional improvement. No prior drug tests were discussed. Work status was temporarily totally disabled. On 2/5/15 Utilization Review non-certified oxycodone, Voltaren gel, and gabapentin, noting the lack of specific benefit, lack of compliance with the MTUS, and lack of sufficient indications. The MTUS was cited. Utilization Review noted the multiple prior Utilization Reviews that documented the lack of medical necessity for opioids and need for weaning.

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

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

**Prescription of Oxycodone 15mg, #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction indications, Chronic back pain, Mechanical and compressive etiologies, Medication trials Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. The prescribing physician describes this patient as "temporarily totally disabled", which fails the "return-to-work" criterion for opioids in the MTUS, implies no functional improvement, and represents an inadequate focus on functional improvement. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. The records show only two drug screens since 2012, and the injured worker failed each of them. The tests were not random, as should be performed according to guidelines. The treating physician did not mention anything about these failed tests. Oxycodone was increased in 2013, purportedly on a temporary basis for post-op purposes. Oxycodone was never decreased after the surgical period and remains at 90 per month now. There is no evidence of increased function as a result of increasing this opioid, or that there were any specific functional expectations as a result of increasing the dose. This injured worker has a history of alcohol abuse, enlarged liver, and cirrhosis. This is not adequately addressed and there is no attempt to monitor or investigate any ongoing alcohol use. Alcohol should not be mixed with opioids. This injured worker is a poor candidate for opioids on the basis of psychiatric disease as well, as the records show ongoing depression, suicidality, and severe disease. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Prescription of Voltaren Gel 1%, #3 100gm tubes with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60, 111-113. Decision based on Non-MTUS Citation FDA MedWatch, 12/5/09: Voltaren Gel (diclofenac sodium topical gel) 1% - Hepatic Effects Labeling Changes.

**Decision rationale:** Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. None of the reports show any specific functional improvement as a result of using Voltaren gel. Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. Voltaren gel has been prescribed in this case for the long term, and there is no good evidence to support its ongoing use. Note the FDA warning above. There is no evidence in this case that the prescribing physician is carefully monitoring for liver toxicity. This injured worker has known, serious liver disease. There are specific FDA recommendations for liver monitoring even in patients with healthy livers. Long term use is not recommended absent clear benefit which outweighs the serious risks. Given the lack of clear benefit, the MTUS recommendations, and the lack of the necessary toxicity monitoring, Voltaren gel is not medically necessary.

**Prescription of Gabapentin 800mg, #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, Medication trials Page(s): 16-21, 60.

**Decision rationale:** Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. Given that all treatment for chronic pain is for functional improvement, per the MTUS, the specific functional benefit is required. There is no evidence of functional improvement, as evidenced by the ongoing "temporarily totally disabled" work status. The treating physician did not address the urine drug screen which showed no gabapentin, but instead the following report continued to state that the injured worker takes the gabapentin with good pain relief. The credibility of this kind of report is questionable. At minimum, this drug screen result needs to be addressed and the actual intake needs to be stated, rather than prescribing as if the injured worker takes the medication as prescribed. Gabapentin is not medically necessary based on the lack of any clear indication, the failed drug screen, and the lack of significant symptomatic and functional benefit from its use to date.