

<b>Case Number:</b>	CM15-0027811		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/15/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 63 year old female who sustained an industrial injury on October 15, 2011. She has reported chronic hip pain and has been diagnosed with pain in joint involving pelvic region and thigh, sciatica, and neuralgia, neuritis, and radiculitis unspecified. Treatment has included steroid injections and medications. Currently the injured worker complains of having sciatica type tenderness in the right buttock area with pressure on that area and had point tenderness. The treatment plan included medications. On January 16, 2015 Utilization Review non certified Mobic 7.5 mg, Mobic 15 mg, hydrocodone acetaminophen 5/325 mg, and gabapentin 300 mg citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mobic 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs (NSAIDs) Page(s): 67, 68, 70 and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient clarification and evidence to support the use of Mobic for chronic use. The primary diagnoses appear to be sciatica due to piriformis syndrome, which does not warrant chronic NSAIDs. Also, there was no clear reasoning to switching from one NSAID to another a few months prior to this request. Also, there was no documentation which showed clear functional gains and pain reduction directly related to the Mobic use, separate from the other medications. Therefore, considering the long-term side effects related to Mobic use and the reasons stated above, it will be considered medically unnecessary.

**Mobic 15mg Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs) Page(s): 67, 68, 70 and 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient clarification and evidence to support the use of Mobic for chronic use. The primary diagnoses appear to be sciatica due to piriformis syndrome, which does not warrant chronic NSAIDs. Also, there was no clear reasoning to switching from one NSAID to another a few months prior to this request. Also, there was no documentation which showed clear functional gains and pain reduction directly related to the Mobic use, separate from the other medications. Therefore, considering the long-term side effects related to Mobic use and the reasons stated above, it will be considered medically unnecessary.

**Hydrocodone acetaminophen 5/325mg Qty: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 78-80, 91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker there was insufficient evidence found in the documentation that this full review was completed in order to justify continuation. There was insufficient documentation showing clear functional gains and reduction in reported pain directly related to hydrocodone use. Based on the lack of evidence of benefit, therefore, hydrocodone will be considered medically unnecessary. Although there was a plan documented to wean down on tramadol, there would still need to be a plan to wean down on hydrocodone.

**Gabapentin 300mg Qty: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was documentation which stated that the worker had experienced dizziness with prior use of gabapentin, and there was no specific report of problems with the Lyrica use or plans to stop it right out at the time of this request to restart gabapentin. There was insufficient explanation to this request, and since taking two anti-epilepsy medications at the same time would not be recommended, the gabapentin is not medically necessary.