

<b>Case Number:</b>	CM15-0028155		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	06/02/2009
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	02/02/2015
<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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker was a 62 year old female, who sustained an industrial injury, June 2, 2009. The injured worker previously received the following treatments cervical spine MRI, Thoracic spine MRI, Duexis, Lorzone, Nucynta, Percocet, Zanaflex, Ibuprofen, thoracic spine MRI which showed moderate multilevel degenerative disc disease and cervical spine MRI. The injured worker was diagnosed with degenerative thoracic/thoracolumbar disc, pain in the thoracic spine, post laminectomy syndrome of the cervical spine, thoracic spondylosis without myelopathy, myalgia and myositis. According to progress note of January 26, 2015, the injured worker's chief complaint was upper back and neck pain. The injured worker reported the n=mediations were working at this time. The injured worker reported the average pain level was 7 out of 10. The injured worker's mood was 6 out of 10 and functional level was 7 out of 10. The injured worker was complaining of poor quality of sleep due to pain. The injured worker was not using a sleep aide. The physical exam noted mid thoracic pain on the right and neck paint that was discogenic and facetogenic in symptoms. There was crepitus in the neck with active range of motion as well as thoracic pain was greater neck pain ion general and refers to the right compared with the MRI. There was thoracic and cervical paraspinal muscle tenderness as well. There were no new neurological deficits. The treatment plan included Nucynta and APAP/Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 150mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/Duration Disability Guidelines; Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Tapentadol.

**Decision rationale:** This claimant was injured in 2009 and has been on Duexis, Lorzone, Nucynta, Percocet, Zanaflex, and Ibuprofen for some time. The diagnoses were degenerative thoracic/thoracolumbar disc, pain in the thoracic spine, post laminectomy syndrome of the cervical spine, thoracic spondylosis without myelopathy, myalgia and myositis. As of January 2015, there was still upper back and neck pain. The injured worker was complaining of poor quality of sleep due to pain. Though the claimant has been on the regimen for some time, the objective, functional improvements out of the medicine regimen is not recorded. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Nucynta (Tapentadol), the ODG notes it is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. This medicine is as effective as oxycodone for the management of chronic osteoarthritis knee and low back pain, with superior GI tolerability with fewer treatment discontinuation. However, I did not note documentation of a failure of first line opiates, or the presence of chronic osteoarthritis. Again, there was no objective documentation of functional improvement or return to a higher level of work capability on the regimen. At present, the request is non certified.

**Gabapentin 300mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 of 127 and page 19 of 127.

**Decision rationale:** As shared previously, this claimant was injured in 2009 and has been on Duexis, Lorzone, Nucynta, Percocet, Zanaflex, and Ibuprofen. The diagnoses were degenerative thoracic/thoracolumbar disc, pain in the thoracic spine, post laminectomy syndrome of the cervical spine, thoracic spondylosis without myelopathy, myalgia and myositis. As of January 2015, there was still upper back and neck pain. The request is for Gabapentin. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain

generator is, and why therefore that Gabapentin is essential. Also, Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. Further, objective functional improvement out of the regimen is not noted. The request is appropriately non- certified under the MTUS evidence-based criteria.

**Oxycodone / acetaminophen 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

**Decision rationale:** As noted, this claimant was injured in 2009 and has been on Duexis, Lorzone, Nucynta, Percocet, Zanaflex, and Ibuprofen. The diagnoses were degenerative thoracic/thoracolumbar disc, pain in the thoracic spine, post laminectomy syndrome of the cervical spine, thoracic spondylosis without myelopathy, myalgia and myositis. As of January 2015, there was still upper back and neck pain. The injured worker was complaining of poor quality of sleep due to pain. The objective, functional improvements out of the medicine regimen is not recorded. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline.