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| <b>Case Number:</b>   | CM15-0061580 |                              |            |
| <b>Date Assigned:</b> | 04/07/2015   | <b>Date of Injury:</b>       | 10/04/2001 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 02/28/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 58-year-old male, with a reported date of injury of 10/04/2001. The diagnoses include complex regional pain syndrome of the right upper extremity, lumbar radiculitis, and constipation secondary to narcotics. Treatments to date have included oral medications, topical medication, and psychological therapy. The progress report dated 02/20/2015 indicates that the injured worker complained of right upper extremity pain, low back pain, and bowel incontinence. He also complained of clenching teeth with jaw pain. He rated his pain 8 out of 10; at best 7 out of 10; the average pain was rated 7 out of 10; and worst at 9 out of 10. The objective findings include decreased range of motion, central pain sensitization and hyperesthesia. It was noted that the injured worker had not met the criteria for weaning. The injured worker had not been getting his pain medication for two months with increased pain and decreased function; it was recommended to restart the pain medication as weaning had failed due to intolerable pain. The treating physician requested Norco, Neurontin, and Colace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are CRPS 1, right upper extremity; lumbar radiculitis; constipation secondary narcotics. The documentation indicates a prior utilization review recommended weaning Norco based on lack of objective functional improvement any non-return to work. Injured worker had persistently elevated VAS pain scores. The injured worker has been off opiates since December 2014. The pharmacy denied Norco based on the utilization review non-certification. The most recent progress note medical record is dated February 20th 2014. Subjectively, the worker complains of right upper extremity pain and low back pain. Medications have not been filled for two months. Utilization review indicates weaning was recommended in June 2014 and opiates were noncertified December 2014. Consequently, absent clinical documentation with continued objective functional improvement with ongoing Norco, a failed attempt at weaning and non-return to work, Norco 10/325 mg #180 is not medically necessary.

**Neurontin 600 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gabpentin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 600 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are CRPS 1, right upper extremity; lumbar radiculitis; constipation secondary narcotics. The documentation

indicates a prior utilization review recommended weaning Neurontin based on lack of objective functional improvement and non-return to work. The injured worker had persistently elevated VAS pain scores. The injured worker has been off Neurontin since December 2014. The pharmacy denied Neurontin based on the utilization review non-certification. The most recent progress note medical record is dated February 20th 2014. The documentation shows Neurontin has been prescribed as far back as 2009. Subjectively, the worker complains of right upper extremity pain, and low back pain. Medications have not been filled for two months. The documentation does not demonstrate evidence of objective functional improvement with ongoing Neurontin. Consequently, absent clinical documentation with objective functional improvement with ongoing long-term Neurontin, Neurontin (Gabapentin) 600 mg #90 is not medically necessary.

**Colace 100 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain (chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/colace.html>.

**Decision rationale:** Pursuant to Drugs.com, Colace 100 mg #120 is not medically necessary. Docusate (Colace) is used to relieve occasional constipation and prevent dry, hard stools. Colace is a stool softener. In this case, the injured worker's working diagnoses are CRPS 1, right upper extremity; lumbar radiculitis; constipation secondary to constipation. Subjectively, according to a February 20, 2015 progress note, the worker complains of ongoing bowel incontinence. The diagnosis states constipation secondary to opiates. If the diagnosis is correct, there is no objective functional improvement documented in medical record indicating whether Colace successfully resolves opiate induced constipation. If the injured worker suffers with ongoing bowel incontinence, Colace is contraindicated. There is no documentation demonstrating objective functional improvement with ongoing Colace. Consequently, absent clinical documentation with objective functional improvement supporting opiate induced constipation (not ongoing bowel incontinence), Colace 100 mg #120 is not medically necessary.