

<b>Case Number:</b>	CM15-0097294		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, New York, 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 applicant is a represented 61-year-old who has filed a claim for chronic knee, low back, and neck pain reportedly associated with an industrial injury of August 2, 2012. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for Norco, Neurontin, tramadol, and Flexeril. The claims administrator referenced a May 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said RFA form of May 6, 2015, a surgical consultation, Norco, Neurontin, tramadol and Flexeril were endorsed. In an associated progress note of the same date, May 6, 2015 the applicant stated that his low back and leg pain were worsening over time and scored as moderate-to-severe. The applicant was using tramadol, Norco, Flexeril, and Neurontin, it was reported. The applicant stated that he will be bedridden without his medications. 8 to 9/10 pain complaints without medications were reported. The applicant was not working, it was acknowledged in the occupation history section of the note. The applicant had undergone a failed lumbar spine surgery some 18 years prior, it was reported. The applicant had developed issues with severe depression secondary to his chronic pain and inability to stand and/or walk greater than 5 minutes continuously. Multiple medications were renewed, including the drugs in question while the applicant was placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was suggested on May 6, 2015. The applicant had not worked in what appeared to have been a span of several years. The applicant's pain complaints were scored as moderate-to-severe. The applicant was having difficulty performing activities as basic as standing and walking, it was reported on that date. The applicant was, all in all, turning unfavorably as of the date in question, May 6, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.

**Neurontin 300mg 360 (Refill x3) (1x4):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) - anti-convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

**Decision rationale:** Similarly, the request for gabapentin (Neurontin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, it was suggested above. The applicant had not worked in several years. The applicant's pain complaints were scored as moderate-to-severe, despite ongoing gabapentin usage. Ongoing usage of gabapentin (Neurontin) failed to curtail the applicant's dependence on multiple opioids agents such as Norco and tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Neurontin (gabapentin). Therefore, the request is not medically necessary.

**Ultram 50mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Ultram (tramadol), a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, as suggested on the May 6, 2015 progress at issue. The applicant reported moderate-to-severe pain complaints and stated that he was having difficulty standing and/or walking greater than 5 minutes continuously. All of foregoing, taken together, did not make a compelling case for continuation of opioid therapy with tramadol (Ultram). The applicant commented to the effect that he will better without his medications does not constitute evidence of a meaningful, material, or substance improvement in function effected as a result of the ongoing usage tramadol usage. Therefore, the request is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation Pain Procedure Summary last updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, tramadol, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request for Flexeril (cyclobenzaprine) is not medically necessary.