

<b>Case Number:</b>	CM15-0098551		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	11/20/2012
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41-year-old male who sustained an industrial injury on 11/20/12 when he was servicing a vehicle and the vehicle was rear-ended causing the injured worker to be thrown six to eight feet landing on his left hip and causing head trauma. On 4/6/15, he was T-boned at a traffic light on the driver's side resulting in left hip and shoulder pain. He was medically evaluated and given Norco in the emergency department. He currently still has lower back pain and right leg pain. His pain level with medications is 7/10 and 9/10 without medications. He has sleep difficulties. On physical exam of the cervical spine there was tenderness on palpation of the paracervical muscles, spasms bilaterally; thoracic spine showed tightness of paravertebral muscles, spasm, tenderness bilaterally; lumbar spine showed restricted range of motion, positive lumbar facet loading bilaterally, positive straight leg raise sitting on the right; right shoulder shows decreased range of motion, Hawkin's test, Empty Cans test and Speeds test are positive, there is tenderness in the acromioclavicular joint, biceps and subdeltoid bursa on palpation; right knee shows tenderness over the medial joint line and patella, Patellar grind test and McMurray's tests are positive. Medications are baclofen, gabapentin, Nucynta, Percocet. On 6/13/14, a urine drug screen was done and the results were not consistent with prescribed medications. Diagnoses include lumbar degenerative disc disease/ degenerative joint disease; lumbar radiculopathy; lumbar disc herniation; possible right knee internal derangement; cervical strain; right shoulder pain; status post right shoulder subacromial decompression and Mumford procedure (3/11/15); bilateral hip pain. Treatments to date include physical therapy; medications; right arm sling. Diagnostics include MRI of the thoracic spine (12/26/12) showing mild degenerative changes; MRI of the cervical spine (12/26/12) showing multilevel posterior annular tears and slight posterior bulging discs; x-rays of the chest, left shoulder, pelvis, left hip, left ankle, lumbar spine (4/6/15) all unremarkable; MRI of the lumbar spine (5/19/14) showing severe disc space narrowing and desiccation; x-rays lumbar spine (3/30/15) showing disc space

narrowing. In the progress note, dated 3/5/15 the treating provider's plan of care includes Nucynta, which he finds not as effective as Percocet but will transition to Nucynta due to urine drug screen being positive for cocaine. The provider anticipates the injured worker to be completely off narcotics once 3/11/15 surgery is done and post-operative physical therapy is complete and will prescribe Percocet after the post-operative period. Per 4/17/15 note, the injured worker was prescribed Dialudid post-operatively. On 5/6/15, Utilization Review evaluated request for Nucynta, Percocet and gabapentin.

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

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

#### **Nucynta 100mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to the 04/17/2015 report, this patient presents with low back pain and right shoulder pain ranging from 7-9/10. The current request is for Nucynta 100mg #60. This medication was first mentioned in the 01/16/2015 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is "Temporarily Totally Disabled." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per the treating physician, the patient rated the "pain with medications as 7 on a scale of 1 to 10 and without medication pain is a 9/10. "No new problem or side-effects Quality of sleep is poor. Activity level has remained the same." CURES on 10/24/2014 were appropriate. In reviewing the provided reports, there is documentation of pain assessment using a numerical scale describing the patient's pain. CURES were mentioned. However, there is no documentation provided discussing functional improvement or how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function, which is recommended once at least every 6 months per MTUS. In this case, the treating physician has failed to clearly document the 4 A's-analgesia, ADL's, adverse side effects, adverse behavior as required by the MTUS. Therefore, the request IS NOT medically necessary.

#### **Percocet 10/325mg #80: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

**Decision rationale:** According to the 04/17/2015 report, this patient presents with low back pain and right shoulder pain ranging from 7-9/10. The current request is for Percocet 10/325mg #80. This medication was first mentioned in the 04/25/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization is not included in the file for review. The patient's work status is "Temporarily Totally Disabled." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's; analgesia, ADLs, adverse side effects, and aberrant behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per the treating physician, the patient rated the "pain with medications as 7 on a scale of 1 to 10" and without medication, pain is a 9/10. "No new problem or side-effects Quality of sleep is poor. Activity level has remained the same." CURES on 10/24/2014 were appropriate. In reviewing the provided reports, there is documentation of pain assessment using a numerical scale describing the patient's pain. CURES were mentioned. However, there is no documentation provided discussing functional improvement or how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function, which is recommended once at least every 6 months per MTUS. In this case, the treating physician has failed to clearly document the 4 A's-analgesia, ADL's, adverse side effects, adverse behavior as required by the MTUS. Therefore, the request IS NOT medically necessary.

**Gabapentin 300mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin (Neurontin) Page(s): 18-19, 49.

**Decision rationale:** According to the 04/17/2015 report, this patient presents with low back pain and right shoulder pain ranging from 7-9/10. The current request is for Gabapentin 300mg #90. The request for authorization is not included in the file for review. The patient's work status is "Temporarily Totally Disabled." Regarding Anti-epileptic (AKA anti-convulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Review of the provided reports indicates that the patient has lumbar neuropathic pain. The ODG guidelines support the use of anti-convulsants for neuropathic pain. However, the treating physician does not provide any documentation as to whether the medication is tolerated and beneficial for the patient's symptoms. MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case, the patient has been prescribed Gabapentin since 04/25/2014; subsequent reports dated 12/19/2014, 01/16/2015, 02/13/2015, and 03/05/2015 have no discussions on how the medication is tolerated and beneficial for the patient's. The medical necessity cannot be substantiated at this time; therefore, this request IS NOT medically necessary.