

<b>Case Number:</b>	CM13-0024146		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/05/2001
<b>Decision Date:</b>	01/10/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

50 y.o. male with injury from 12/5/01, suffers from chronic low back and lower extremity pains. Review of UR letter dated 8/30/13 shows that medications were denied due to lack of documentation of functional improvement and pain reduction as required by the guidelines. Monthly reports from 1/22/13 to 9/27/13 were reviewed. These reports received by [REDACTED] listed diagnosis is chronic low back pain with bilateral lower extremity pain from bilateral extremity phantom pain status post L3-4 laminotomies, fasciotomies, bilateral above knee amputations with necrosis as well as chronic healing of right ischial tuberosity ulcer. 1/22/13 report only talks about taking Neuron three times a day. 2/18/13 report has pain level at 8/10. Patient has a power chair. The treater is requesting gabapentin 600mg to manage pain, Prilosec for stomach infection "as this patient is currently taking Oxycontin and Norco". Colace 100mg for constipation. No discussion regarding pain reduction or functional changes. 3/15/13 report states that the patient "does need his medications at this time, but medications are necessary to help keep his pain away." 4/12/13 report, "In terms of medications, he does need a refill for his medications. He has no adverse reactions to the medications." 6/17/13 report states that the patient is doing well today, good spirits. He has severe pain, has had over 25 surgeries in total. "He needs a refill of his medications which helps him to be functional as well as Viagra for sexual dysfunction." Prilosec was to "buffer" the stomach, Docuprene for constipation. 7/18/13 report states, "He needs a refill of his medications which help him to be functional." He is having difficulty sleeping, has been approved for mirtazapine. His symptoms are relatively unchanged. "He still has pain at 8/10 without medications and 4-5/10 with medications." Patient is taking Prilosec for gastritis related to medication. Mirtazapine was for insomnia. 8/20/13 states that the patient is using Remeron for sleep and depression. 9/27/13 report states that the patient is frustrated due to UR denials, and finally got the amount of medications that was being held to help to be functional. In-home support services provide him help with ADL's as well as

household chores and transportation. "We finally got him the amount of medication that helps him to be functional, helps him to be able to get in and out of bed, tilt and space chair, and to his bed. We are trying to keep him as independent as possible."

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

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

**The request for two (2) prescriptions of Oxycontin 10mg, #240 between 8/20/2013 and 10/27/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** Having reviewed about 9 months of progress reports, I see that documentations are poor and sparse regarding medications. It wasn't until September report that we see a glimpse of what the medications are doing for this patient. They are helping him stay functional in terms of bed mobility and transfers. Other ADL's are provided by the in-home care attendant. It is clear that this patient requires pain management and perhaps on-going use of these medications. However, MTUS guidelines require documentation of pain, function and quality of life issues. It specifically states that pain should be assessed each visit and functional level measure using a numerical level or validated instrument at least once every 6 months. This information is lacking in the progress reports over 9 months. Under outcome measures, MTUS also recommends current pain level; average pain level; best pain level; time it takes for medications to work; duration of relief with meds; etc. I do not see that the treater has provided any of this information. The intent of the documentation is to ensure that the use of these medications is functionally benefiting the patient. Given the lack of any of these documentations recommendation is for a denial.

**The request for two (2) prescriptions of Norco 10/325mg, #180 between 8/20/2013 and 10/27/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

**Decision rationale:** Having reviewed about 9 months of progress reports, I see that documentations are poor and sparse regarding medications. It wasn't until September report that we see a glimpse of what the medications are doing for the patient. They are helping him stay functional in terms of bed mobility and transfers. Other ADL's are provided by the in-home care attendant. It is clear that this patient requires pain management and perhaps on-going use of these medications. However, MTUS guidelines require documentation of pain, function and quality of

life issues. It specifically states that pain should be assessed each visit and functional level measure using a numerical level or validated instrument at least once every 6 months. This information is lacking in the progress reports over 9 months. Under outcome measures, MTUS also recommends current pain level; average pain level; best pain level; time it takes for medications to work; duration of relief with meds; etc. I do not see that the treater has provided any of this information. The intent of this documentation is to ensure that the use of these medications functionally benefit the patient. Given the lack of any of these documentations recommendation is for a denial.

**One (1) prescription of Gabapentin 600mg, #90 between 8/20/2013 and 8/20/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**Decision rationale:** Based on review of the medical reports from January 2013 to September 2013, it is clear to this reviewer that a trial of Neurontin is certainly reasonable. However, the treater does not document any benefit from the use of Neurontin for this patient. The patient has bilateral AKA and phantom pain is documented. Neurontin is appropriate to use. However, MTUS requires that the patient be evaluated in 2-3 months to determine whether or not medication is helpful. MTUS requires 30% reduction of pain to warrant continued use. In this case, despite review of 9 months of reports, I do not see that the documentation provided indicated whether or not Neurontin has reduced the patient's neuropathic pain by at least 30%. Recommendation is for denial.

**One (1) prescription of Remeron 15mg, #30 between 8/20/2013 and 8/20/2013: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** MTUS and ODG guidelines support the use of antidepressants for chronic pain, neuropathic pain and depression. Remeron can be safely used for insomnia as well and the treater documents that this is used for both depression and insomnia. Recommendation is for authorization.

**One (1) prescription of Gabapentin 600mg, #90 between 8/20/2013 and 10/27/2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

**Decision rationale:** Based on review of the medical reports from January 2013 to September 2013, it is clear to this reviewer that a trial of Neurontin is certainly reasonable. However, the treater does not document any benefit from the use of Neurontin for this patient. The patient has bilateral AKA and phantom pain is documented. Neurontin is appropriate to use. However, MTUS requires that the patient be evaluated in 2-3 months to determine whether or not medication is helpful. MTUS requires 30% reduction of pain to warrant continued use. In this case, despite review of 9 months of reports, I do not see from the documentation provided, whether or not Neurontin has reduced the patient's neuropathic pain by at least 30%. Recommendation is for denial.

**One (1) prescription of Remeron 15mg, #30 between 8/20/2013 and 10/27/2013:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), and McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** MTUS and ODG guidelines support the use of antidepressants for chronic pain, neuropathic pain and depression. Remeron can be safely used for insomnia as well and the treater documents that this is used for both depression and insomnia. Recommendation is for authorization.