

<b>Case Number:</b>	CM14-0141968		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 59-year-old female smoker who reported an injury of unknown mechanism on 05/18/2010. On 06/25/2012, her diagnoses included low back pain, lumbar radiculopathy and lumbar degenerative disc disease. Her medications included Gabapentin 600 mg, Omeprazole 20 mg, Cyclobenzaprine 10 mg, Colace 100 mg, Nucynta ER 150 mg, and Tramadol 50 mg. On 08/06/2012, her diagnoses and medications remained the same. There was no rationale or request for authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

**Decision rationale:** The request for Colace 100 mg #60 with 3 refills is not medically necessary. The California MTUS Guidelines recommend that ongoing review should include documentation of pain relief, functional status, appropriate medication use, and side effects. The physician should discuss the risks and benefits of use of controlled substances and other treatment

modalities with the patient. Prophylactic treatment of constipation should be initiated. The assessment should include documentation of adverse effects including constipation especially with the long term usage of opioids, for 6 months or more. The need for a stool softener was not clearly demonstrated in the submitted documentation. Additionally, there was no frequency of administration included with this request. Therefore, the request for Colace 100 mg #60 with 3 refills is not medically necessary.

**Nycynta 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**Decision rationale:** The request for Nycynta 50 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants or anticonvulsants. Long term use may result in immunological or endocrine problems. It was noted in the submitted documentation that this worker had been using this opioid medication for longer than 2 years, which exceeds the recommendations in the guidelines. Additionally, there was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants or quantified efficacy. The urine drug screen was negative for opioids and for Oxycodone. It was positive for tricyclic antidepressants which she was not prescribed. Additionally, there was no frequency specified in the request. Therefore, this request for Nycynta 50 mg #90 is not medically necessary.

**Gabapentin 800mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22, 49.

**Decision rationale:** The request for Gabapentin 800 mg #90 with 3 refills is not medically necessary. Per the California MTUS Guidelines, Antiepilepsy drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy, with diabetic polyneuropathy being the most common example. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response is a 30% reduction. Gabapentin has also been recommended for complex regional pain syndrome. There was no documentation submitted that this injured worker had complex regional pain syndrome or

postherpetic neuralgia. Additionally, there was no frequency of administration included with the request. Therefore, this request for Gabapentin 800 mg #90 with 3 refills is not medically necessary.