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**Notice of Independent Medical Review Determination**

Dated: 8/26/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/3/2013

5/9/2000

7/11/2013

CM13-0001233

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of 90 units of Neurontin (300 mg) with 5 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of 150 units of Norco (10/325 mg) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/11/2013 disputing the Utilization Review Denial dated 7/3/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/15/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of 90 units of Neurontin (300 mg) with 5 refills **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of 150 units of Norco (10/325 mg) **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 3, 2013.

The patient is a 61 year old male with a date of injury of 5/9/2000. The provider has submitted a prospective request for one prescription of Neurontin 300mg #90 with five refills and one prescription of Norco 10/325mg #150.

According to documentation submitted, the patient is currently being treated for low back pain as well as neck and upper back pain, which was indicated on 6/13/2013 to be much more spasmodic and painful. Pain was rated 2-3/10 with medications and 9-10/10 without. Significant objective findings by Dr. [REDACTED] consisted of reduced cervical spine range of motion, palpable muscle spasms of the cervical spine, tenderness over L4-5 and L5-S1 with radiation down both hips, paraspinal tenderness to palpation, atrophy, and normal (5/5) muscle strength. The patient was diagnosed with cervical, thoracic, and lumbar spinal stenosis, as well as sprain of the neck. The provider is requesting a prescription of Neurontin at this time with five refills.

The provider has also submitted a request for a prescription of Norco.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/3/13)
- Primary Treating Physician Progress Reports (dated 6/7/12 to 6/28/13)
- Laboratory Reports by [REDACTED] (dated 9/13/12 to 5/21/13)

- Chronic Pain Medical Treatment Guidelines (2009), pages 18-19, 80-82, 91

**1) Regarding the request for 1 prescription of 90 units of Neurontin (300 mg) with 5 refills:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 18-19, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/9/2000 and has been diagnosed with the following: spinal stenosis in the cervical region; spinal stenosis of the thoracic region; spinal stenosis of the lumbar region; and sprain of the neck. The medical records submitted and reviewed indicate the employee has used the following medications: Lisinopril, Metaxalone, Neurontin, and Norco. The records indicate the employee's pain is decreased with the use of medications, dropping from 9/10 to 10/10 without medications to 2/10 to 3/10 with medications. A request was submitted for 1 prescription of 90 units of Neurontin (300 mg) with 5 refills.

The MTUS Chronic Pain Guidelines indicate Neurontin may be considered and used as a first-line treatment for neuropathic pain. The medical records submitted and reviewed indicate the employee has experienced spinal stenosis and ongoing chronic intractable pain, and has been on a medication contract. The records do not include evidence of objective findings of functional improvements or evidence of the patient presenting with neuropathy. Specifically, the records submitted lack objective findings of dysesthesia or allodynia to support the diagnosis of neuropathic pain. The request for 1 prescription of 90 units of Neurontin (300 mg) with 5 refills is not medically necessary and appropriate.

**2) Regarding the request for 1 prescription of 150 units of Norco (10/325 mg):**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 80-82 and 91. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the page 78 of the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 5/9/2000 and has been diagnosed with the following: spinal stenosis in the cervical region; spinal stenosis of the thoracic region; spinal stenosis of the lumbar region; and sprain of the neck. The medical

records submitted and reviewed indicate the employee has used the following medications: Lisinopril, Metaxalone, Neurontin, and Norco. The records indicate the employee's pain is decreased with the use of medications, dropping from 9/10 to 10/10 without medications to 2/10 to 3/10 with medications. A request was submitted for 1 prescription of 150 units of Norco (10/325 mg).

The MTUS Chronic Pain Guidelines list four domains as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief; side effects; physical and psychosocial functioning; and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The medical records submitted and reviewed indicate the employee presents with chronic pain and indicate a moderate decrease in pain with the current medication regimen. The records do not include evidence of objective functional improvements with the patient's current medication regimen to support the continued use of Norco. The request for 1 prescription of 150 units of Norco (10/325 mg) is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.