

<b>Case Number:</b>	CM13-0021119		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 44-year-old male who reported an injury on 06/17/2011 due to a motor vehicle accident. He rolled the vehicle and it traveled off the road and caught on fire. The injured worker suffered multiple burns. Diagnoses were neuropathic pain, back pain, chronic pain, and history of burn injury. Past treatments included psychotherapy, physical therapy, and nerve blocks/injections. Diagnostic studies were not reported. Surgical history is numerous for treatment of burns, including double fracture of right forearm; fractures of clavicle, nose, left eye socket, and 7 ribs. He also had a reversal of colostomy and anoplasty. Physical examination on 08/15/2013 revealed complaints of lower back pain that radiated into the lower extremities. Current pain was rated at a 3/10; previous pain was rated at a 10/10. Examination of the lumbosacral revealed diffuse tenderness over lower lumbar area; range of motion limited due to pain; straight leg raise positive bilaterally at 45 degrees. Sensory examination revealed sensitivities over various parts of the body. Reflex examination revealed deep tendon reflex in the upper and lower extremities were decreased but equal. Medications were Neurontin 300 mg, 2 tablets 3 times a day; Ambien; Norco 10/325 mg, 1 tablet 4 times a day. Treatment plan was to start gradually decreasing the Neurontin, continue home exercise program, and medications as directed. The rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG #270 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Drug List, Gabapentin Page(s): 16.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. It was noted in the physical examination dated 08/15/2013 that the injured worker was to be weaned off Neurontin. Due to the fact that the progress note is over a year old, and the request does not indicate a frequency for the medication, the request is not medically necessary and appropriate.

**NORCO 10/325MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend short-acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. Past treatment modalities were not reported. Although the injured worker has reported pain relief and functional improvement from the medication, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.