

<b>Case Number:</b>	CM13-0032498		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/13/2008
<b>Decision Date:</b>	02/18/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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:

The patient is a 58-year-old male who reported an injury on 02/13/2008 that ultimately resulted in lumbar fusion at the L3-4 level. The patient developed chronic pain that was managed with medications, activity modification, and a home exercise program. The patient's medication usage was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had average pain rated at a 5/10 to 6/10 with medications and an 8/10 to 10/10 without medications. Medications included naproxen sodium 550 mg, tizanidine 4 mg, Neurontin 300 mg, trazodone 50 mg, and Vicodin 5/550 mg. The patient's treatment plan included continuation of medications and an orthopedic follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDS Page(s): 60, 67.

**Decision rationale:** The requested naproxen sodium 550 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration. The California Medical Treatment Utilization Schedule recommends that continuation of medications in the management of a

patient's chronic pain be based on significant functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does provide evidence that the patient has had pain relief with the patient's prescribed medication schedule. However, it is also noted within the documentation that the patient's pain is not well controlled by long term nonsteroidal anti-inflammatory drug therapy. Additionally, there is no documentation of significant functional benefit related to this medication. As such the requested naproxen sodium 550 mg #60 is not medically necessary or appropriate.

**Neurontin 300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antiepilepsy drugs (AEDs) Page(s): 16, 60.

**Decision rationale:** The requested Neurontin 300 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. The California Medical Treatment Utilization Schedule recommends medications used in the management of chronic pain be supported by a quantitative assessment of symptom relief and functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has had any functional benefit as a result of this medication. The patient does have pain relief as a result of medications; however, as there is no documentation of significant functional benefit continued use of this medication would not be supported. As such the requested Neurontin 300 mg #60 is not medically necessary or appropriate.

**Vicodin 5/500mg #60:** Upheld

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

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

**Decision rationale:** The requested Vicodin 5/500 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended period of time. The California Medical Treatment Utilization Schedule recommends opioid usage in the management of chronic pain be supported by managed side effects, evidence of monitoring for aberrant behavior, documentation of significant functional benefit, and a quantitative assessment of pain relief. The clinical documentation submitted for review does provide evidence that the patient receives pain relief and is monitored for aberrant behavior and does not have significant side effects related to the medication. However, the documentation submitted for review does not provide any evidence that the patient has significant functional benefit related to the medication schedule. As such, the requested Vicodin 5/500 mg #60 is not medically necessary or appropriate.

