

<b>Case Number:</b>	CM13-0042608		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/17/2001
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of April 17, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and psychotropic medications. In a clinical progress note of October 31, 2013, the applicant presents with persistent neck pain, back pain, and headaches. The applicant is status post two shoulder surgeries. The applicant is asked to pursue another epidural steroid injection and is described as significantly impaired. An epidural steroid injection transpired on November 13, 2013. In an October 14, 2013 progress note, the attending provider appealed the earlier Utilization Review denial, stating that the applicant takes six to eight tablets of hydrocodone daily. It was stated that Neurontin has been introduced for neuropathic pain so as to minimize the applicant's usage of hydrocodone. Gabapentin had reportedly reduced the applicant's neuropathic pain and helped him to sleep better at night. The attending provider posited the applicant is able to care for himself and had improved sleep through usage of medications. Hydrocodone, Naprosyn, and Neurontin were refilled. The attending provider again outlined that the applicant was responding favorably to the medications as they were ameliorating his sleep and his ability to perform self-care and personal hygiene. The strongest case was made for continuation of gabapentin, which the attending provider stated was diminishing the applicant's consumption of other analgesic medications. In a Utilization Review Report of September 23, 2013, the claims administrator partially certified Norco for weaning purposes, denied Naprosyn, partially certified gabapentin, also for weaning purposes. The applicant's attorney subsequently appealed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **HYDROCODONE (NORCO) 10/325MG, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Page(s): 80.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines, state that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and reduced pain achieved as a result of ongoing opioid therapy. In this case, it does not appear that the applicant has returned to work. The attending provider has not quantified the degree of analgesia effected as a result of ongoing hydrocodone usage. Accordingly, the request remains non-certified, on Independent Medical Review.

### **NAPROXEN 550 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** While the California MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications, such as Naprosyn, do represent the traditional first-line treatment for various chronic pain conditions, the applicant has used this for chronic pain and has failed to clearly profit through ongoing usage of the same. The applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including recent epidural steroid injection therapy. Therefore, the request is not certified.

### **GABAPENTIN 600 MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that it is incumbent upon the attending provider to clearly document the presence of appropriate pain relief and improvement in function with ongoing gabapentin usage. In this case, the attending provider has in fact established the presence of improvement in pain and function achieved as a

result of ongoing gabapentin usage. The attending provider has posited that the applicant has improved in terms of diminished consumption of other medications as a result of ongoing gabapentin usage. The attending provider has stated that the applicant's neuropathic symptoms have abated somewhat as a result of ongoing gabapentin usage. The attending provider stated that the applicant's ability to sleep has been ameliorated as a result of ongoing gabapentin usage. Thus, on balance, it does appear that the applicant has responded favorably to introduction of gabapentin for radicular or neuropathic pain. Accordingly, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.