

<b>Case Number:</b>	CM13-0049101		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/15/2008
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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. 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 patient is a 38-year-old man with a date of injury on 01/18/2008. Diagnoses include chronic lower back pain, L5-S1 disc herniation, chronic pain syndrome, pain with psychological features secondary to a medical condition, psychological/psychiatric issues, and anterior femoral cutaneous neuralgia on the right. Subjective complaints are of lower back pain with radiation to the right leg, and persistent numbness in the right anterior thigh. Physical exam shows decreased lumbar range of motion, 1+ knee reflex, absent Achilles reflex, and decreased anterior thigh sensation. Procedures have included several epidural injections for pain at the L5-S1 level, after an MRI had revealed marked disc degenerative changes and acute disc herniation at that level, with resultant pressure on the S1 nerve root. He developed radicular pain down his right leg in an S1 distribution. What followed was a series of surgeries at the L5-S1 level: first a microdiscectomy, then a traditional discectomy at that level, followed by an L5 - S1 fusion. Prior treatments include physical therapy, psychiatric and psychological evaluations and treatment, as well as treatment for his type II diabetes. Medications include oxycodone /acetaminophen 10/25, one tablet 3 to 4 times daily, Neurontin 300mg daily, metformin, glipizide, Novolin 70/30, Lipitor, and Naproxen. Submitted documentation does not identify pain relief or functional improvement with medications. There is no documentation related to a narcotic contract or urine drug screening.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OXYCODONE/APAP 10/325MG #70:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. Failure to respond to a time-limited course of opioids leads to the suggestion of reassessment and consideration of alternative therapy. For this patient, there is no documentation of efficacy with usage, or a measurable decrease in the patient's pain or increase in functional ability. For this patient, there is no documentation present of MTUS opioid compliance guidelines, including risk assessment, attempt at weaning, updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is not consistent with guidelines and the medical necessity is not established.

**GABAPENTIN 300MG #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16.

**Decision rationale:** CA MTUS indicates that gabapentin is an anti-seizure medication that is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an AED (antiepileptic drug) for neuropathic pain depends on these improved outcomes. The medical records do not indicate any pain relief or functional improvement specific to this medication. Therefore, the medical necessity of gabapentin is not established.