

<b>Case Number:</b>	CM13-0051928		
<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>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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, has a subspecialty in Pain Medicine, 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 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 36-year-old male who reported an injury on 2/15/08. The mechanism of injury was not provided for review. Medication history indicated that the injured worker was on opiates and Neurontin as of January 2013. The injured worker underwent urine drug screening. The documentation of 10/10/13 revealed that the injured worker had complaints of back and bilateral leg pain. The injured worker's shoulders and left ribs bothered him status post a fall secondary to stopping medication. Diagnoses included L5-S1 discopathy with back greater than leg pain, right shoulder strain with bursitis, left shoulder impingement syndrome, left rib cage contusion with laceration secondary to fall, adjustment disorder with mixed anxiety and depressed mood, insomnia, and dental pain secondary to dry mouth caused by MS-Contin. The treatment plan included lumbar spine surgery, a home exercise program, 60 Naprosyn 500mg twice a day for anti-inflammatory properties, 90 Flexeril 10mg three times a day for spasms, 90 Norco 10/325mg, and 90 Neurontin 300mg three times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG, #90:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend anti-epileptic medications as a first line medication or treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing since early 2013. There was a lack of documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. As such, the request is not medically necessary.

**NORCO 10/325MG, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screening. The clinical documentation indicated the injured worker had been utilizing the medication since early 2013. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation of whether the injured worker had side effects or not. The request as submitted failed to indicate the frequency for the requested medication. As such, the request is not medically necessary.