

<b>Case Number:</b>	CM13-0057156		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Internal Medicine has a subspecialty in Pulmonary Diseases 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 injured worker is a 52-year-old female who reported injury on 01/10/2002. The mechanism of injury was a slip and fall. The diagnoses include lumbago, displacement of a thoracic or lumbar intervertebral disc without myelopathy, and degeneration of lumbar or lumbosacral intervertebral disc. The injured worker's medication history included antiepileptic medications and opioids for more than 1 year. The documentation of 10/23/2013 revealed the injured worker's pain was controlled with Butrans 5 mg. The request was made for continuation of Butrans 5 mcg per hour, gabapentin, Soma, and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BUTRANS 5MCG/HR 4 PATCHES WITH NO REFILL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60;78.

**Decision rationale:** California MTUS Guidelines recommend opiate for the treatment of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side

effects. The clinical documentation submitted for review indicated the injured worker had been on the medication for greater than 1 year. There was a lack of documentation of the above criterion. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Butrans 5 mcg per hour, 4 patches with no refill, is not medically necessary.

**GABAPENTIN (NEURONTIN) 600MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

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

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications as a first-line medication for the 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 the injured worker had been taking the medication for greater than 1 year. 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. Given the above, the request for gabapentin (Neurontin) 600 mg #60 is not medically necessary.