

<b>Case Number:</b>	CM13-0063286		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/17/2004
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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:

According to the records made available for review, this is a 61-year-old female with a 11/17/04 date of injury. At the time (11/8/13) of request for authorization for one (1) prescription of Percocet 10/325mg #120, one (1) prescription for Gabapentin 600mg #90 with five (5) refills, and one (1) surgical consult for the lower back and left lower extremity radicular pain, there is documentation of subjective (low back pain radiating to the left leg that is 9/10 without medications and 8/10 with pain medications) and objective (tenderness over the paraspinals, increased pain with flexion and extension, and positive straight leg raise on the left) findings, current diagnoses (low back pain, lumbar degenerative disc disease, lumbar radiculopathy, chronic pain syndrome, and Coccyx pain), and treatment to date (medications (including ongoing treatment with Percocet and Gabapentin that are helpful in reducing pain and increasing function). Medical report identifies that the patient has signed an opioid contract; that the patient agrees to receiving opioid only from the office which the contract was signed; denies side effects; and that there are no aberrant behaviors. Regarding one (1) prescription of Percocet 10/325mg #120, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Regarding one (1) prescription for Gabapentin 600mg #90 with five (5) refills, there is no (clear) documentation of a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Regarding one (1) surgical consult for the lower back and left lower extremity radicular pain, there is no documentation of persistent, severe, and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy); accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and

electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **ONE (1) PRESCRIPTION OF PERCOCET 10/325MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, Section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar degenerative disc disease, lumbar radiculopathy, chronic pain syndrome, and Coccyx pain. In addition, there is documentation of ongoing treatment with Percocet and that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation that medication is helpful in reducing pain and increasing function, and given documentation of subjective findings (low back pain radiating to the left leg that is 9/10 without medications and 8/10 with pain medications), there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Percocet use to date. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription of Percocet 10/325mg #120 is not medically necessary.

#### **ONE (1) PRESCRIPTION FOR GABAPENTIN 600MG #90 WITH FIVE (5) REFILLS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (Gabapentin). MTUS additionally identifies that a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of low back pain, lumbar degenerative disc disease, lumbar radiculopathy, chronic pain syndrome, and Coccyx pain. In addition, there is documentation of neuropathic pain and ongoing treatment with Gabapentin. However, despite documentation that medication is helpful in reducing pain and increasing function, and given documentation of pain that is 9/10 without medications and 8/10 with pain medications, there is no (clear) documentation of a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Therefore, based on guidelines and a review of the evidence, the request for one (1) prescription for Gabapentin 600mg #90 with five (5) refills is not medically necessary.