

<b>Case Number:</b>	CM13-0067412		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/22/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 low back pain associated with an industrial injury of December 22, 2010. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, and opioid therapy. In a July 1, 2013 progress note, the applicant was described as having persistent complaints of chronic low back pain. The applicant was using Neurontin, Nucynta, metformin, Soma, and medical marijuana. The applicant was diagnosed with diabetes approximately five to seven years prior. The applicant was having difficulty performing household chores, including doing the laundry, showering, dressing himself, ascending and descending staircases, and driving. The applicant acknowledged that his activity levels were diminished, despite ongoing medication consumption. The applicant did not appear to be working. The applicant was asked to obtain lab work, a cane, and various medications. On November 9, 2013, the applicant was described as using Norco. On a handwritten note of the same day, the applicant was described as using both Nucynta and Norco. Work restrictions were endorsed. The applicant did not appear to be working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300 MG TID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18, 19.

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin or Neurontin should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of ongoing usage of the same. In this case, however, the applicant is off of work, despite ongoing usage of gabapentin (Neurontin). The applicant remains highly reliant, highly dependent on other forms of medical treatment, including a cane and Nucynta. The applicant is having difficulty performing even basic activities of daily living, such as household chores, ascending and descending stairs, etc. All of the above, taken together, suggest a lack of functional improvement. Therefore, the request is not medically necessary.

**NUCYNTA 100 MG BID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (UPDATED 11/14/2013) TAPENTADOL (NUCYNTA).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 78-80.

**Decision rationale:** As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested for applicants who were concurrently using illicit drugs. In this case, the applicant is concurrently using marijuana, an illicit substance. It is further noted that the applicant fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant is off of work. The applicant's pain complaints appeared to be heightened from visit to visit as opposed to reduced from visit to visit. The applicant is having difficulty performing even basic activities of daily living, such as negotiating stairs, performing household chores, doing laundry, showering himself, etc., despite ongoing Nucynta usage. Continuing the same, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.