

<b>Case Number:</b>	CM14-0108014		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/28/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 43 year old male who was injured on 10/28/13 after falling off of a ladder. He was diagnosed with lumbar sprain/strain with radiculopathy and sacroiliac ligament sprain/strain. He was treated with conservative treatments including oral medications, chiropractic care, and physical therapy, but continued to experience occasional lumbar and right hip pain (from older injury). On 4/18/14, he was seen by his primary treating provider (chiropractor, supervised by M.D.) complaining of a recent flare-up of his low back pain that radiates to the right lower extremity and with numbness and tingling in the right lower extremity. Physical examination revealed positive straight leg raise, limping (using crutches), decreased sensation and reflexes of the right leg, and tenderness of the lumbar, sacroiliac, and gluteal areas. He was then recommended to increase his Norco to 5/325 mg twice daily (from 2.5/325 mg twice daily) and add Neurontin 600 mg twice daily to his regimen as a trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #60:** Overturned

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using Norco at a lower dose previous to the acute exacerbation of his low back pain. The worker reported that with Norco 2.5 mg, he experienced a pain level of 1/10 and was able to perform activities of daily living and exercises at home. After reviewing the notes available, it appears that he was benefiting from the Norco, and after an acute exacerbation, it seems appropriate to at least temporarily increase his dose as long as there is a reassessment and consideration of reducing the dose back down again in the future. Therefore the Norco 5 mg/325mg, #60 is medically appropriate and necessary.

**Neurontin 600mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there was clear subjective and objective signs of neuropathic pain, and a trial of Neurontin 600mg, # 60 is appropriate and medically necessary, but continuation past this trial needs to be with documentation of measurable functional and pain-relief benefits as listed above.