

<b>Case Number:</b>	CM14-0108867		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 31-year-old female was reportedly injured on 1/10/2013. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 7/1/2014, indicated that there were ongoing complaints of neck and back pains. Physical examination revealed palpable tenderness over the buttock and lower back and right-sided SI and iliolumbar tenderness on palpation and flexion at the waist to knee and on extension. MRI of the lumbar spine, dated 9/13/2013, was normal. Diagnoses: Sprain/strain of thoracic spine, lumbar spine and hip/thigh. Previous treatment included physical therapy and medications to include gabapentin 100 Mg and 300 mg, Norco 10/325 mg and Valium 5 mg. A request had been made for gabapentin 100 mg #60 with 4 refills, gabapentin 300 mg #60 with 4 refills, Norco 10/325 mg #20 and Valium 5 mg #30, which were not certified in the utilization review on 6/14/2014. A partial certification was granted for gabapentin 100 mg #35 and Norco 10/325 mg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #60 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** MTUS treatment guidelines supports Gabapentin for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Review, of the available medical records, demonstrated a normal MRI of the lumbar spine and fails to document any signs or symptoms on exam consistent with neuropathic or radicular pain. As such, this request is not considered medically necessary.

**Gabapentin 300 mg #30 with 4 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** MTUS treatment guidelines supports Gabapentin for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Review, of the available medical records, demonstrated a normal MRI of the lumbar spine and failed to document any signs or symptoms on exam consistent with neuropathic or radicular pain. As such, this request is not considered medically necessary.

**Norco 10/325#20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. MTUS treatment guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic neck and back pains after a work-related injury in January 2013; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary

**Valium 5 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** MTUS treatment guidelines do not support benzodiazepines (Valium) for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. As such, this request is not considered medically necessary.