

<b>Case Number:</b>	CM14-0014619		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/19/2002
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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 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:

This patient is a 59 year old female, with a date of injury on 12/19/2002. Subsequent to the injury she has developed chronic low back pain with radiation into both extremities R>L. The radiating pain is described as pins and needles that extend into her feet with prolonged standing. The pain interferes with her sleep. A remote lumbar MRI in 2006 revealed moderate central stenosis at L4-5. She has been treated long term with Norco 7.5/325mg at 2 tabs per day. More recently this was increased to allow for as needed (PRN) use of up to 3 tablets per day on an intermittent basis (75 tabs) per month. She also takes Neurontin 300mg twice a day (BID). Periodic urine drug screening is consistent with prescriptions. Periodic CURES reports are consistent. No drug related aberrant behaviors are noted over a several year period. She notes that the pain medications allow her to sleep and improve her quality of life. Specific functional measures are not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325 mg #75/month:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Chronic pain Guidelines recommend a continued use of Opioids if there is improvement in the quality of life and there is no evidence of misuse. Even though specific functional measurements are lacking it is well documented that the opioids are only utilized on a part time basis for several years and that there is no misuse of the medication. Under these circumstances the Norco 7.5mg /325mg #75 per month is medically necessary.

**Gabapentin 300 mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin, page(s) 18 Page(s): 18.

**Decision rationale:** The California MTUS Chronic Pain Guidelines recommend Neurontin for neuropathic pain. This was denied in the U.R. based on the fact that no testing has shown neuropathic pain. This rationale appears to be in error as neuropathic pain is a clinical diagnosis and this diagnosis does not need to be confirmed or ruled out with specific testing to be valid. The described pain is consistent with a neuropathic component to the pain. The Neurontin (Gabapentin) 300mg is medically necessary.