

<b>Case Number:</b>	CM14-0018410		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	04/21/2005
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 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 56 year-old male patient sustained an injury on 4/21/05 while employed by [REDACTED]. Request(s) under consideration include 1 PRESCRIPTION OF CODEINE 60MG #120 WITH 1 REFILL and 1 PRESCRIPTION OF GABAPENTIN 800MG #90 WITH 1 REFILL. The patient continues to treat for chronic neck and back pain s/p spinal surgeries (3 surgeries to the thoracic spine). Conservative care has included medications, home exercise program, diagnostics (EMG/NCS) s/p surgeries. Report of 1/14/14 from the provider noted the patient with continued chronic pain. Exam showed healed incision of the spine; cervical extension/flexion at 20 degrees with 60 degree rotation; dorsolumbar flex/ext/bending at 70/10/20 degrees. Records indicated long-term use of codeine and gabapentin medications. Request(s) for 1 PRESCRIPTION OF CODEINE 60MG #120 WITH 1 REFILL and 1 PRESCRIPTION OF GABAPENTIN 800MG #90 WITH 1 REFILL were modified for one script without refill on 1/23/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF CODEINE 60MG #120 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , OPIOIDS, 74-96

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The 1 PRESCRIPTION OF CODEINE 60MG #120 WITH 1 REFILL is not medically necessary and appropriate.

**1 PRESCRIPTION OF GABAPENTIN 800MH #90 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ANTI-EPILEPSY DRUGS/GABAPENTIN, 18-19

**Decision rationale:** Although Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific indication to support for Gabapentin without acute clinical findings of neurological deficits or neuropathic pain. Previous continued treatment with Gabapentin has not resulted in any functional benefit for this chronic 2005 injury. The medication was recently modified without refill as there has been no evidence presented to support its continued use. The 1 PRESCRIPTION OF GABAPENTIN 800MG #90 WITH 1 REFILL is not medically necessary and appropriate.