

<b>Case Number:</b>	CM14-0138208		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/04/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

Based on the 08/19/2014 progress report, the patient complains of having chronic pain in her cervical and lumbar spine which she rates as a 9/10 with medications. She is a candidate for the anterior cervical arthrodesis at levels C4-C5 and C5-C6 and has had several lumbar epidural steroid injections. The patient has spasm and tenderness in the paravertebral muscles of the cervical and lumbar spine with decreased range of motion on flexion and extension. She has a decreased sensation in C6, C7, L5, and S1 dermatomal distributions bilaterally. She is currently taking Norco, Flexeril, gabapentin. The patient's diagnoses include the following: 1. Cervical radiculopathy. 2. Lumbosacral radiculopathy. The utilization review determination being challenged is dated 08/14/2014. One treatment report was provided from 08/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; criteria for use of opioids Page(s): 60, 61; 88, 89; 78.

**Decision rationale:** Based on the 08/19/2014 progress report, the patient complains of having pain in his cervical and lumbar spines. The request is for one prescription of Norco 10/325mg, #60. The 08/19/2014 report states that the patient is tapering off her Norco to #60 tablets 10 mg. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed on each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior, as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. It appears as though the patient has been using Norco on a long-term use; however, there is no indication of when the patient first began to take Norco nor was there any discussion provided as to how Norco has impacted the patient. In this case, the treater failed to provide any changes the patient has made in her ADLs, pain scales, and does not provide any discussion or adverse effects/behavior. Recommendation is for denial.

**One prescription of Neurontin 300mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antiepilepsy drugs (AEDs) Page(s): 60, 61; 16-18.

**Decision rationale:** Based on the 08/19/2014 progress report, the patient complains of having cervical spine pain and lumbar spine pain. The request is for one prescription of Neurontin 300mg, #60. It is not indicated when the patient began taking Neurontin, nor are there any discussion provided as to how Neurontin has benefited the patient. For gabapentin, MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function...combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." MTUS page 60 requires documentation of pain and function with use of medications for chronic pain. There is no discussion provided on this report indicating Neurontin's efficacy. Recommendation is for denial.