

<b>Case Number:</b>	CM14-0138347		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	08/15/2014
<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 Family Practice, 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:

39 yr. old male claimant sustained a work injury on 8/7/13 involving the low back. He was diagnosed with lumbar disc disease and strain. A progress note on 4/15/14 indicated the claimant had 4-8/10 pain. Most activities aggravated his symptoms. Exam findings were notable for spasm and tenderness in the L1 region. Range of motion was restricted. Neurological exam was unremarkable. The claimant was treated with Norco, Flexeril, Anaprox, Ultram, and Neurontin for pain, spasms, and neuropathic symptoms. He was noted to have seizures on Tramadol the following month and was requested to discontinue it.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90 Refills: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial

basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco numerous medications (controlled substances) for pain or function. Response to pain, pain questionnaire, or agreement for medications provided was not noted in the clinical documentation. The Norco was not medically necessary.

**Neurontin 300mg #90 Refills: 0:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti Epilepsy Drugs Page(s): 18-19.

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

**Decision rationale:** According to the MTUS guidelines, Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the claimant does not have the stated conditions approved for Neurontin use. Neurontin was not medically necessary.

**Naproxen 550mg #60 Refills: 0:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**Decision rationale:** According to the MTUS guidelines, NSAIDs such as Naproxen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence of long-term effectiveness for pain or function. In this case, the claimant had been on Naproxen along with. There was no indication to combine numerous pain medications and controlled substances. Failure of Tylenol was not noted. There is limited evidence to support the use and safety of NSAIDs with opioids and muscle relaxants. The use of Naproxen was not medically necessary.