

<b>Case Number:</b>	CM14-0157373		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	04/29/2014
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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, has a subspecialty in Interventional Spine, 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:

The patient is a 63 year old male with an injury date of 04/29/04. Based on the 07/29/14 progress report provided by [REDACTED] the patient complains of headaches, neck, back, shoulder, arms, legs, and feet pain. His pain is rated 8-10/10 without, and is reduced 30%-40% with medications. His current medications include Norco, Senokol, and Gralise. Norco was first mentioned in treater report dated 05/14/14 which stated "the medication allows him to improve his mobility, adhere to a home exercise program, take an active part in his family life, and improve his tolerance for ADL's." Per progress report dated 07/30/14 by [REDACTED], the patient is permanent and stationary. Diagnoses as of 07/29/14 include:- chronic pain syndrome-cervical disc degeneration - chronic- lumbar sprain strain - chronic- neck sprain/strain - chronicDiagnoses as of 07/30/14 include:- cervical spondylosis- sprain lumbar region- rotator cuff ruptureThe utilization review determination being challenged is dated 09/04/14. The rationale follows:1) Gralise 600 mg 2 tabs pd qd #60: "There is a lack of objective findings for the patient noting neuropathic pain."2) Norco 5/325 mg 1 tab po q 6-8hrs prn #105: "The records reviewed did not reflect significant pain reduction despite medication use such as an objective decrease in VAS scales." [REDACTED] is the requesting provider, and he provided treatment reports from 05/07/14 - 08/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gralise 600 mg 2 tabs po qd # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

**Decision rationale:** The MTUS states that 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. Gralise is included in list of patient's prescribed medications per progress report dated 07/29/14. In a review of the reports, there is no documentation of neuropathic pain presented in the patient. The treating physician does not discuss how effective this medication has been. The request does not meet MTUS indications. As such, the request is not medically necessary.

**Norco 5/325 mg 1 tab po q6-8hrs prn #105:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19, 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 76-78.

**Decision rationale:** The patient's diagnoses include cervical spondylosis and rotator cuff rupture. His pain is rated 8-10/10 without medications, and is reduced 30-40% with medications. Norco was first mentioned in treating physician's report dated 05/14/14 which stated that the medication allows him to improve his mobility, adhere to a home exercise program, take an active part in his family life, and improve his tolerance for activities of daily living. The MTUS guidelines state that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS 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. In this case, while the treating physician provides a general statement that medications reduce pain 30-40%, and that Norco improves patient's tolerance for activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and adverse side effects, etc. Given the lack of documentation as required by the MTUS, the request is not medically necessary.