

<b>Case Number:</b>	CM14-0171569		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/20/2004
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Medicine and is licensed to practice in Utah. 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 53-year-old male. The patient's date of injury is 7/20/2004. The mechanism of injury was described as a forklift injury. The patient has been diagnosed with lumbosacral spondylosis without myelopathy, depression and lumbar disc replacement without myelopathy. The patient's treatments have included imaging studies, and medications. The physical exam findings dated Sept 02, 2012 state unchanged from the patient previous visit. The report from May 5, 2014 states manual muscles testing was normal, there was diffuse and nonspecific lower back palpatory discomfort, and the straight leg test was normal. The gait was slightly antalgic. Reflexes were 1+ at the knee and absent at the ankles. The patient's medications have included, but are not limited to, Gabapentin, Avandia, Glyburide, Hydrochlorothiazide, Lisinopril, Lovastatin, Sertraline, aspirin, Norco, and Flexeril. The request is for Norco and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg #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 Page(s): 16, 49.

**Decision rationale:** MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the above cited guidelines, "Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." To determine a good outcome, "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. "It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use". There has been no documentation of neuropathic pain, the pain levels have not significantly changed. According to the clinical documentation provided and current guidelines; Gabapentin 800mg #60 is not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Norco the patient was taking previously, if at all, and what the results/outcome of taking that medication. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco 10/325mg #120 is not medically necessary.