

<b>Case Number:</b>	CM14-0024793		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/30/2007
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Occupational Medicine, 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 54-year-old male who was injured on 08/30/2007. The mechanism of injury is unknown. The patient's medications as of 05/15/2013 included Neurontin, Skelaxin, and Norco. The patient underwent a lumbar laminectomy of unknown date. Follow up note dated 01/09/2013 indicated the patient was in for follow up of his low back pain, right hip, knee and shoulder pain. He reported the Fentanyl patch has decreased his pain about 50%, from 9/10 to 5/10. On exam, his range of motion is limited and produces pain in the right shoulder. He has an antalgic gait favoring his right leg. His sensation is decreased bilaterally in the lower extremities up to the ankles. Diagnoses are right shoulder pain with internal derangement, right knee pain, lumbar degenerative disc disease, and chronic low back pain status post laminectomy. The patient was instructed to continue medications including Fentanyl 75 mcg patch, Neurontin 300 mg, Skelaxin 90 mg, and Norco 10/325 mg. Prior utilization review dated 02/14/2014 states the request for one prescription of Fentanyl 75 mg patch #15 was not certified. One prescription for Gabapentin 300 mg #90 was not certified and one prescription for Norco 325 mg #240 has been modified to 1 prescription of Norco 10/325 mg #180 and Skelaxin 800 mg #90 was not certified due to a lack of documented evidence of significant functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FENTANYL 75 MCG/HR PATCH #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, opioids are recommended for chronic pain if functional improvement is demonstrated. The medical records document the patient was diagnosed with right shoulder pain with internal derangement, right knee pain, lumbar degenerative disc disease, and chronic low back pain status post laminectomy. The patient has been prescribed Fentanyl patches on a chronic basis. However, provided medical records fail to document significant functional improvement due to use of this medication. Further, the current opioid prescription is for Fentanyl 75 mcg/hr patch, one every 48 hours and Norco 10/325, 1-2 tabs every 4-6 hours, maximum of 8 tabs per day. This exceeds the maximum recommended daily morphine equivalent dose of 120. Medical necessity is not established.

**GABAPENTIN 300 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Gabapentin (Neurontin) Page(s): 16-22, 49.

**Decision rationale:** According to the CA MTUS guidelines, Gabapentin is recommended for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records document the patient was diagnosed with right shoulder pain with internal derangement, right knee pain, lumbar degenerative disc disease, chronic low back pain status post laminectomy, and bilateral foot neuropathy. The patient is prescribed Neurontin on a chronic basis. However, medical records fail to document significant functional improvement or objective symptomatic relief due to use of Gabapentin. The nature and cause of the patient's neuropathy are not specified in the provided medical records. No diagnostic studies are provided. Medical necessity is not established.

**NORCO 10/325 #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, opioids are recommended for chronic pain if functional improvement is demonstrated. The medical records document the patient was diagnosed with right shoulder pain with internal derangement, right knee pain, lumbar degenerative disc disease, and chronic low back pain status post laminectomy. The

patient has been prescribed Norco on a chronic basis. However, provided medical records fail to document significant functional improvement due to use of this medication. Further, the current opioid prescription is for Fentanyl 75 mcg/hr patch, one every 48 hours and Norco 10/325, 1-2 tabs every 4-6 hours, maximum of 8 tabs per day. This exceeds the maximum recommended daily morphine equivalent dose of 120. Medical necessity is not established.

**SKELAXIN 800 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Metaxalone (Skelaxin) Page(s): 63-66.

**Decision rationale:** According to the CA MTUS guidelines, Metaxalone is a muscle relaxant that is reported to be relatively non-sedating which is recommended with caution as a second-line option for short-term pain relief in patients with chronic low back pain. The medical records document the patient was diagnosed with right shoulder pain with internal derangement, right knee pain, lumbar degenerative disc disease, and chronic low back pain status post laminectomy. The patient is prescribed Skelaxin on a chronic basis. However, the medication is not recommended for long-term use. Further, medical records do not document functional improvement or pain reduction due to use of this medication. Medical necessity is not established.