

<b>Case Number:</b>	CM14-0028519		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/01/1997
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Pain Management 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:

This is a patient with a date of injury of 12/1/97. A utilization review determination dated 2/18/14 recommends denial of Naprosyn, Norco, and Neurontin. 8/12/14 medical report identifies back pain 3/10, depression, and joint pain. Meds decrease pain from 6/10 to 2/10 and allow home exercise and Activities of Daily Living (ADL)'s including washing dishes, laundry, and vacuuming, with no side effects. Prior to use of gabapentin, low back pain radiated to the thigh with burning pain, and it has resolved completely. There are no signs of abuse or aberrant behavior. Recommendations included Neurontin, Norco, and continued home exercise and stretching.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 # 95:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up

is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider has noted that, subsequent to the prior utilization review, noted that medications decrease pain from 6/10 to 2/10 and allow home exercise and ADLs including washing dishes, laundry, and vacuuming, with no side effects. There are no signs of abuse or aberrant behavior. In light of the above, the currently requested Norco is medically necessary.

**Naprosyn 500mg # 30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Naprosyn, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider has noted that, subsequent to the prior utilization review, noted that medications decrease pain from 6/10 to 2/10 and allow home exercise and ADLs including washing dishes, laundry, and vacuuming, with no side effects, In light of the above, the currently requested Naprosyn is medically necessary.

**Neurontin 300mg # 30:** Overturned

**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): 16-21.

**Decision rationale:** Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, the provider has noted that, subsequent to the prior utilization review, noted that medications decrease pain from 6/10 to 2/10 and allow home exercise and ADLs including washing dishes, laundry, and vacuuming, with no side effects. Prior to use of gabapentin, low back pain radiated to the thigh with burning pain, and it has resolved completely. In light of the above, the currently requested Neurontin is medically necessary.