

<b>Case Number:</b>	CM14-0029469		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/08/2003
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 & Rehabilitation, and is licensed to practice in Texas & New York. 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 injured worker is a 50-year-old male who reported injury on 07/08/2003. The injured worker's medication history included opiates as of 04/26/2004. It was indicated the injured worker was utilizing opioids since at least 09/2013. The mechanism of injury was the injured worker started to get a bar pinched and pulled back on it and it did not give so the injured worker stepped back and jerked and popped his back out of place. Prior treatments included physical therapy, surgical intervention, and medications. The documentation indicated the injured worker underwent urine drug screens. The documentation of 02/13/2014 revealed the injured worker's pain was unchanged. It was indicated the injured worker was taking Norco for severe pain and gabapentin for neuropathic pain. The injured worker indicated he needed a refill of the medications. The injured worker's pain without pain medications was 8/10 to 9/10 and 4/10 to 5/10 with pain medications. It was indicated the injured worker had no new symptoms or neurologic changes. The injured worker denied side effects. The medications to be refilled included hydrocodone/acetaminophen (Norco) 10/325 mg tablets 1 tablet by mouth every 4 to 6 hours with a maximum of 6 per day, gabapentin 300 mg capsules 1 capsule by mouth twice daily, Cymbalta 60 mg capsules 1 capsule by mouth daily, naproxen sodium 650 mg tablets 1 by mouth twice a day, Cialis 20 mg tablets 1 tablet by mouth 30 minutes before intercourse quantity 15, and cyclobenzaprine 7.5 mg tablets take 1 tablet by mouth daily at bedtime. The diagnoses included postlaminectomy syndrome of the lumbar region, DDD of the lumbar region, lumbar radiculitis, low back pain, organic impotence, depression, and chronic pain syndrome. It was indicated the medications decreased pain and increased function. It was indicated the injured worker felt that he could perform increased activities of daily living with his medications. There was no aberrant drug behavior and it was noted the injured worker had signed an opioid contract with the office. The urine drug screen was taken.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates as a treatment for chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain. There should be documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2004. There was a lack of documentation indicating objective functional benefit. There was documented pain relief and that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/acetaminophen 10/325 mg #180 is not medically necessary.

**Gabapentin 300 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications for the treatment of neuropathic pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since at least 2012. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 300 mg #60 is not medically necessary.