

<b>Case Number:</b>	CM14-0031742		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/26/1998
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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, and is licensed to practice in Minnesota. 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 48 year old male who sustained an injury on 08/26/98 when he tripped and fell injuring his right foot and ankle. The injured worker has been followed for ongoing complaints of right ankle pain. The injured worker did undergo recent surgical intervention to include synovectomy and tenolysis of the right ankle in October of 2013. The injured worker did attend postoperative physical therapy. Multiple medications were noted for the injured worker to include Elavil, Neurontin, Norco, Ultram, and Omeprazole. As of 12/04/13, the injured worker was continuing to report pain and swelling in the right ankle and foot that was moderate to severe with ambulation. The injured worker also described right shoulder pain as well as low back pain. The injured worker denied any radiating symptoms into the lower extremities or associated numbness. On physical examination from a pain management physician noted a right sided antalgic gait that was slow and wide based. The injured worker is noted to have a long term controlled substance agreement with the treating pain management physician. Neurontin and Norco as well as Elavil were continued at this evaluation. A follow up on 02/05/14 noted the injured worker was continuing with physical therapy but still had complaints of right ankle and foot pain as well as pain in the right shoulder and lumbar spine. Medications remained unchanged. Pain behaviors were noted on physical examination with a right sided antalgic gait. There was a request for new orthotics for the right ankle. Medications were continued at this evaluation. The injured worker returned for follow up on 03/04/14. The injured worker's physical therapy was ending. Overall, the injured worker was felt to have improvement in gait. The injured worker continued to report right shoulder and low back symptoms. Physical examination remained unchanged. No sensory abnormalities were identified. A urine toxicity screen sample was obtained at this evaluation. The requested Neurontin 300mg, quantity 90 with

2 refills and Norco 10/325mg, quantity 120 with 2 refills were both denied by utilization review on 02/15/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 Prescription of Neurontin 300 mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (AEDs), Gabapentin.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics, page(s) 16-22 Page(s): 16-22.

**Decision rationale:** In regards to the request for Neurontin 300mg, quantity 90 with 2 refills, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. It is noted that the prior utilization review modified the request to a quantity of 20 only for the purposes of weaning. This reviewer would agree with the prior utilization opinion. The clinical documentation provided for review did not specify any ongoing neuropathic symptoms in the lower extremities that would have supported the use of this anticonvulsant. Although Neurontin is recommended as a first line medication in the treatment of neuropathic pain, the injured worker's recent objective findings from did not specifically identify any objective findings consistent with an ongoing neuropathic condition. Furthermore, the clinical notes do not specify what if any functional benefit or pain reduction was being obtained with the use of this medication that would have supported its continued use with additional refills. Therefore, the request for Neurontin 300 mg #90 with 2 refills is not medically necessary and appropriate.

#### **1 Prescription of Norco 10/325 mg #120 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, page(s) 88-89 Page(s): 88-89.

**Decision rationale:** In regards to the request for Norco 10/325mg, quantity 120 with 2 refills, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. It is noted in the prior utilization report that this request was modified to a quantity of 90 to facilitate weaning. This reviewer would have agreed with the prior utilization opinion. The use of Norco is considered an option for the treatment of moderate to severe musculoskeletal complaints. Norco is a short acting narcotic agent and is not recommended for long term use due to diminished returns in regards to functional improvement and pain reduction. The clinical documentation submitted for review did not specify functional benefit or pain reduction obtained with the use of this medication. Its efficacy was not clearly noted in the most recent clinical

records. Given the lack of documentation establishing that this medication was significantly beneficial for the injured worker, the request for Norco 10/325 mg #120 with 2 refills is not medically necessary and appropriate.