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| <b>Case Number:</b>   | CM14-0034026 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 12/31/1993 |
| <b>Decision Date:</b> | 07/22/2014   | <b>UR Denial Date:</b>       | 02/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/18/2014 |

### 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 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 injured worker is a 47-year-old female who reported an injury on 12/31/1993. The mechanism of injury was not provided for clinical review. The medication regimen included Norco, OxyContin, and Neurontin. The diagnoses included chronic pain syndrome, post lumbar laminectomy syndrome, low back pain, and disc disorder lumbar. Prior treatments include medication. Within the clinical note dated 05/19/2014 reported the injured worker complained of pain described as sharp, throbbing, pins, needles, burning and electric. She rated her pain 7/10 in severity. The pain the injured worker complained of joint stiffness, morning stiffness, and muscles aches. Upon physical examination, the provider noted tenderness on palpation of the paravertebral muscles on both sides. Tenderness noted over the posterior iliac spine on both sides. Upon the sensory examination, the provider noted light touch sensation has decreased over the lateral calf on the left side, sensation to pinprick is decreased over the 4th toe, 5th toe on the left side. The provider requested Norco for pain and Neurontin for neuropathic pain. The Request for Authorization was submitted and dated 05/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The injured worker complained of pain described as sharp, throbbing, pins and needles, burning and electric. She rated her pain 7/10 in severity. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines noted pain assessment should include current pain, the least reported pain over the period since the last assessment, averaged pain, and intensity of pain after taking the opioid and how long it takes for pain relief. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing functional benefit and improvement. The injured worker had been utilizing the medication since at least 02/2014. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen is not provided in the documentation submitted. Therefore, the request for Norco 10/325 mg #240 is not medically necessary.

**Neurontin 300 MG # 120.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The injured worker complained of pain described as sharp, throbbing, pins and needles, burning and electric. She rated her pain 7/10 in severity. The California MTUS Guidelines show gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The injured worker had been utilizing the medication since at least 02/2014. There is lack of documentation indicating the injured worker is being treated for or diagnosed with neuropathic pain. Therefore, the request for Neurontin 300 mg #120 is not medically necessary.