

<b>Case Number:</b>	CM14-0038665		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/08/2011
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 48 year old male injured on 03/08/11 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documents provided. Diagnoses include brachial neuritis, lumbar spine degenerative disc disease, osteoarthritis and crush injuries to the back. The documentation indicates the injured worker reports 60-70% decrease in pain and increase in functionality to allow for activities of daily living and increased quality of life. The request for Norco 7.5mg #45 with 6 month refill and Neurontin 300mg #90 with 6 month refill was initially non-certified on 03/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5mg #45 with 6 month 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 Page(s): 77.

**Decision rationale:** Although the injured worker shows functional benefit and decrease in pain, the request for 6 refills is excessive. As such, the request for Norco 7.5mg #45 with 6 month refills cannot be recommended as medically necessary.

**Neurontin 300mg #90 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

**Decision rationale:** Although the injured worker shows functional benefit and decrease in pain, the request for 6 refills is excessive. As such, the request for Neurontin 300mg #90 with 6 refills cannot be recommended as medically necessary.