

<b>Case Number:</b>	CM14-0046326		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/26/2001
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Occupational 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:

This is a 52-year-old female who sustained injury on 06/26/2001. The mechanism of injury is unknown. Treatment history includes medications, trial of spinal cord stimulator, activity restriction, rest, and HEP. There was no urine drug screen submitted for my review. Only one progress report dated 04/04/2014 was submitted for my review. The progress report dated 04/04/2014 indicates her chief complaint of right low back pain, right buttock/hip/groin pain and right lower extremity muscle spasms involving the big toe. She reports pain level as 10/10 at today's appointment that it has been exacerbated to 9-10/10 for 4 days because she has a cold with frequent coughing and has ranged 7-10/10 since last visit. The medications include MS Contin 60 mg, Norco 10/325 mg once every 6 hours as needed to breakthrough pain, Zanaflex 4 mg tid prn for muscle spasms and Neurontin 600 mg 4 times a day. The physical exam showed she ambulates with a walking cane with decreased cadence. Gait is antalgic. Lumbar spine flexion limited to 20 degrees, extension limited to return to slightly less than fully upright. The patient cannot sit today. She is using a cane and gait is very stiff, painful and difficult. Palpation of the lumbar spine demonstrated severe tenderness over T6-sacrum thoracic and lumbosacral paraspinal musculature. There was significant bilateral lumbar paraspinal muscle spasms on physical exam today. Neuro, dysesthesia over spine from T6-sacrum and down lateral right thigh to knee. Hypoesthesia of right leg and foot below the knee. She was diagnosed with chronic right low back pain, right buttock/hip/groin pain/right lower extremity pain and muscle spasms, especially the big toe, history of one lumbar spine fusion surgery, history of failed spinal cord stimulator trial, and chronic right lumbar radiculitis. The request for MsContin 60 mg #120 with 2 refills was not medically necessary due to no objective findings of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gadapentin 600 mg #120, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Gabapentin (Neurontin).

**Decision rationale:** According to the MTUS guidelines, Gabapentin is recommended first-line for neuropathic pain. In this case Gabapentin is prescribed for a 52-year-old female injured on 6/26/01 with chronic low back and lumbar radiculitis. It is not clear if the patient truly suffers from neuropathic pain given lack of detail on physical examination. The diagnostics are not provided. Further, history and examination do not establish clinically significant functional improvement or symptomatic improvement from use of Gabapentin. Medical necessity is not established.

**MS Contin 60 mg #120, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

**Decision rationale:** According to the MTUS guidelines, opioids may be indicated for moderate to severe pain. Long-term use may be warranted if functional improvement is established. In this case MS Contin is prescribed on a chronic basis for chronic low back pain. However, history and examination findings do not demonstrate objective clinically significant functional improvement or reduction in dependency on medical care from use of MS Contin. Medical necessity is not established. As such, the request is not medically necessary.