

<b>Case Number:</b>	CM14-0047861		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Geriatrics and is licensed to practice in 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 39 year old woman with a date of injury of 6/4/12. She was seen by her physician on 3/7/14 in follow up. She was status post lumbar steroid injection at L5-S1 and a spine surgeon did not recommend surgery. She reported no improvement in pain, function or quality of sleep. She had 8/10 pain in the lower back and right foot with numbness and tingling in the right leg. She was reliant on pain medications and avoid activities due to pain. Her physical exam showed she was ambulatory with a normal gait pattern and was able to transfer and don/doff her shoes independently. She had limited range of motion in her lumbar spine with tenderness to palpation over her paraspinal muscles consistent with spasms. She had a positive straight leg raise on the right. She had normal strength except 4+/5 on the right ankle plantar flexion and 4/5 on right great toe extension. Her diagnoses of lumbar intervertebral disc without myelopathy. At issue in this review is the prescription for gabapentin and norco for neuropathic pain. The length of therapy prior to the visit is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This 39 year old injured worker has chronic back pain with an injury sustained in 2012. Her medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, gabapentin and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 3/14 fails to document any improvement in pain or functional status to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of norco 10/325mg #120 is not substantiated in the records. Therefore is not medically necessary.

**1 Prescription for Gabapentin 600mg #90 between 3/7/2014 and 5/11/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Acupuncture Medical Treatment Guidelines Page(s): Page 16-22.

**Decision rationale:** This 39 year old injured worker has chronic back pain with an injury sustained in 2012. Her medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, gabapentin and muscle relaxants. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or side effects to justify ongoing use. The medical necessity of Gabapentin 600mg #90 is not substantiated in the records. Therefore is not medically necessary.