

<b>Case Number:</b>	CM14-0050560		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/12/2008
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 55 year old female who reported an injury on 05/12/2008 due to an unspecified mechanism of injury. Per the medical records dated 03/18/2014, she reported notably better postoperative pain, and her medications were noted to be decreasing by about 25-35%. She was status post implantation of a spinal cord stimulator on 02/03/2014 which provided 50% pain relief, status post fusion to L4-5 on 06/03/2011, and status post fusion at L3-4, L4-5, and L5-S1 on 09/18/2012. Her medications included Norco 10/325mg, Ultram ER 150mg, Anaprox DS 550mg, Prozac 20mg, FexMid 7.5mg, Prilosec 20mg, and Neurontin 600mg, 3-4 tablets a day. Prior therapies included physical therapy, medications, and a spinal cord implantation. The treatment plan was for Neurontin 600mg, Anaprox DS 500mg BID #60, Norco 10/325mg #240, and Fexmid 7.5mg #60. The request for authorization and rationale for medical treatment were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, Gabapentin Page(s): 49, 16-22.

**Decision rationale:** The injured worker was prescribed Neurontin on 02/17/2014. MTUS Guidelines state that Neurontin has been shown to be effective for treatment of neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. It does appear that the injured worker was experiencing neuropathic pain. However, there is no documentation of the rationale for the use of this medication. In addition, there is no documented evidence of functional improvement and/or pain relief to determine efficacy. Furthermore, the requesting physician did not include the frequency or quantity within the request. As such, the request is not medically necessary.

**Anaprox DS 550mg BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The MTUS Guidelines state that NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain. There is no documentation addressing pain relief with the medication as well as increased functional ability to determine its efficacy. Additionally, the injured worker has been prescribed the medication since at least 09/24/2013 and continuation exceeds the guideline recommendation for a short course of therapy. Therefore, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (pain), page(s) 76-80 Page(s): 76-80.

**Decision rationale:** MTUS Guidelines state that ongoing management of opioid therapy should be monitored using the four domains (analgesia, adverse side effects, activities of daily living, and aberrant drug taking behaviors). Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be recorded. Pain assessment should include current pain; least reported pain since last visit; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long relief lasts. The documentation provided for review did not address, pain relief, side effects, or aberrant drug taking behaviors. In addition, improvement in functional status as a result of the medication was not documented. Furthermore, the request did not include the frequency of the medication. The documentation provided is lacking information needed to warrant continued use of the medication. As such, the request is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page(s) 63-66 Page(s): 63-66.

**Decision rationale:** MTUS Guidelines state that non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in those with chronic low back pain. However in most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs). Also, there is no additional benefit shown in combination with NSAIDs. The guidelines recommend Fexmid for a short course of therapy, and it is not recommended for use beyond 2-3 weeks. The injured worker has been taking the medication since at least 02/17/2014. It was stated that the medication enabled her to be as functional as possible, however, the request exceeds recommended guidelines. In addition, the requesting physician did not include the frequency of the medication within the request. Given the above, the request is not medically necessary.