

<b>Case Number:</b>	CM14-0061255		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/20/1980
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 68-year-old male who reported an injury on 12/20/1980, due to an unknown mechanism of injury. The injured worker complained of pain in the lower back. He described the pain as incapacitating. On 03/05/2014, the physical examination revealed tenderness at the lumbar spine. The injured worker's gait was normal and of normal station. The injured worker's neurological exam was intact. The injured worker had an MRI of the cervical spine, thoracic spine, lumbar spine, and an electromyography. The injured worker had a diagnosis of lumbago. The past treatment included medication, and massage therapy. The injured worker's medication regimen included Hydrocodone/APAP 10/325 mg, Gabapentin 100 mg, and Lidoderm 5% adhesive patch. The physician recommended that the injured worker continue to use Norco due to good control and to avoid emergency room visits. The rationale was not submitted for review. The Request for Authorization Form was dated 03/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapenti 100 mg Quantity 90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin. Decision based on Non-MTUS Citation Official Disability Guidelines Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs, page(s) 18-19 Page(s): 18-19.

**Decision rationale:** The request for Gabapenti 100 mg quantity 90 with 5 refills is non-certified. The injured worker has a history of low back pain. The CAMTUS guidelines state that Gabapentin has been considered as a first-line treatment for neuropathic pain. Gabapentin is recommended for patients with neuropathic pain; however, the injured worker has a diagnosis of lumbago. There is no rationale submitted for the request. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication as well as relief of symptoms. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Given the above, the request for Gabapenti 100 mg quantity 90 with 5 refills is not medically necessary.

**Hydrocodone/acetaminophen 10/325 quantity 240 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, page(s) 74-78 Page(s): 74-78.

**Decision rationale:** The request for Hydrocodone/Acetaminophen 10/325 quantity 240 with 2 refills is non-certified. The injured worker had a history of low back pain. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug-taking behaviors, and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The requesting physician did not provide documentation including an adequate and complete assessment to include evidence of functional benefits, proof of an assessment of possible side effects, evidence of significant pain relief, and an assessment for aberrant behavior. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. In addition, the request did not include the frequency for the proposed medication. Given the above, the request for Hydrocodone/Acetaminophen 10/325 quantity 240 with 2 refills is not medically necessary.