

<b>Case Number:</b>	CM14-0069443		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/13/2001
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 62-year-old female with a November 13, 2001 date of injury. At the time of request for authorization for Norco 10/325mg #120 with 3 refills, MS Contin 15mg #90 with 3 refills, and Gabapentin 600mg #90 with 3 refills (on May 1, 2014), there is documentation of subjective (8/10 pain with shooting pain up shoulders) and objective (tight muscle band and trigger point noted on examination of paravertebral muscles, tenderness noted at paracervical muscles and trapezius, and right shoulder movements restricted with abduction limited to 90 degrees due to pain) findings, current diagnoses (cervicalgia), and treatment to date (medications (including ongoing treatment with Norco, MS Contin and Gabapentin with significant degree of pain relief and objective evidence of improved function with medications)). April 10, 2014 medical report identifies there is a signed medication agreement on file. Regarding MS Contin, there is no documentation that patient is in need of continuous treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, 120 count with three refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervicalgia. In addition, given documentation of a signed medication agreement on file, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of significant degree of pain relief and objective evidence of improved function with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. Therefore, the request for Norco 10/325mg, 120 count with three refills, is medically necessary and appropriate.

**MS Contin 15mg, ninty count with three 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): 74-80; 93.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines necessitate documentation of chronic pain, in patients who are in need of continuous treatment, as criteria necessary to support the medical necessity of MS Contin. In addition, the Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervicalgia. In addition, given documentation of a signed medication agreement on file, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of significant degree of pain relief and objective evidence of improved function with medications,

there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of MS Contin use to date. However, there is no documentation that patient is in need of continuous treatment. Therefore, the request for MS Contin 15mg, ninty count with three refills, is not medically necessary or appropriate.

**Gabapentin 600mg, ninty count with three refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of cervicalgia. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of significant degree of pain relief and objective evidence of improved function with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Gabapentin use to date. Therefore, the request for Gabapentin 600mg, ninty count with three refills, is medically necessary and appropriate.