

<b>Case Number:</b>	CM14-0077466		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/29/2011
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Physical Medicine and 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 33 year old male who reported an injury due to continuous trauma on 03/29/2011. On 02/25/2014, his diagnoses included multilevel lumbar degenerative disc disease, with focal disc protrusions at the L2-3, L3-4, L4-5, and L5-S1 levels, and radicular symptoms greater on the right side than on the left. His medications included Oxycontin and Norco, but no dosages were noted. He reported his pain level at 5/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AED).

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

**Decision rationale:** The MTUS Chronic Pain Guidelines, Gabapentin is an anti-epileptic medication which 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. A good response to the use of anti-epileptic medications has been defined as a 50% reduction in pain, and a moderate response as a 30% reduction. It has been reported that a 30% reduction in

pain is clinically significant to patients and a lack of response of this magnitude may be a trigger for switching to a different first line agent or combination therapy if treatment with a single drug agent fails. During treatment, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with the use of anti-epileptic medications. There is no documentation in the medical records provided for review of a quantifiable reduction of pain or improvement in functional abilities. Additionally, there was no documentation of any side effects he might have incurred. Furthermore, there was no frequency of administration included with the request. Therefore, the request is not medically necessary and appropriate.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by decreased pain, increased level of function, or improved quality of life. For chronic back pain, opioids appear to be efficacious but limited for short term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, and antidepressants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long term use may result in immunological or endocrine problems. There was no documentation in the medical records provided for review as to how long this worker had been taking opioid medications, any appropriate long term monitoring or evaluations, including side effects, failed trials of NSAIDs, aspirin, or antidepressants, quantified efficacy, drug screens, or collateral contacts. Additionally, there was no frequency of administration specified in the request. Without the frequency, the morphine equivalent dosage cannot be calculated. Therefore, the request is not medically necessary and appropriate.