

<b>Case Number:</b>	CM14-0081221		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/01/1997
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 and 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 female who reported an injury on 12/01/1997. The mechanism of injury was not provided. On 08/12/2014, the injured worker presented with back pain. Upon examination of the lumbar spine, there was decreased painful flexion of 75% and tenderness to palpation. The diagnoses were low back pain, stable; chronic pain syndrome, stable; degenerative lumbar disc; and postlaminectomy syndrome of the lumbar spine. Current medications included Neurontin, Norco, and Naprosyn. Prior therapies included home exercise and stretching. The provider recommended Neurontin, Norco, and Naprosyn; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request for Neurontin 300 mg with a quantity of 30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state Neurontin has been shown to be effective for diabetic painful neuropathy and post herpetic neuralgia and has been considered a first line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of its side effects incurred with use. The continued use of antiepileptic drugs (AED) depends on improved outcomes versus tolerability of adverse effects. The efficacy of the prior use of the medication was not provided. The provider does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

**Norco 5/325mg #95:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use,.

**Decision rationale:** The request for Norco 5/325 mg with a quantity of 95 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The efficacy of the prior course of the medication was not provided. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

**Naprosyn 500mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FDA

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for Naprosyn 500 mg with a quantity of 30 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that all non-steroidal anti-inflammatory drugs (NSAIDs) are associated with risks of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There was a lack of evidence of a complete and adequate pain assessment of the injured worker and the efficacy of the prior use of the medication. The provider does not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

