

<b>Case Number:</b>	CM14-0088565		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 54 year old male with a date of injury on 1/27/2000. Diagnoses include chronic lumbar pain, and left L5-S1 radiculopathy status post anterior fusion and laminectomy. Subjective complaints are of chronic low back pain, and it is noted that medications allows the patient to be functional. Physical exam shows tenderness over the lumbar paraspinal muscles, and decreased lumbar range of motion. Medications include Vicodin, Protonix, gabapentin, and Flexeril. Records indicate that pain is 4-6/10 without medication and 3-4/10 with medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco, 10/325 mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. The Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation

shows stability on medication, increased functional ability, and no adverse side effects. Therefore, Norco, 10/325 mg, #60 is consistent with guidelines and is medically necessary for this patient.

**Norco, 10/325 mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. The Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Therefore, Norco, 10/325 mg, #60 is consistent with guidelines and is medically necessary for this patient.

**Protonix, 10 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is no longer on chronic NSAID therapy. The ODG also recognizes the similar chemical structure and efficacy of various PPIs. Due to these similarities, and significant cost savings, a trial of Prevacid or Prilosec is recommended before a second line therapy such as Protonix. Since there is no documented trial of first line PPIs, and the patient has discontinued NSAIDS, Protonix, 10 mg, #60 is not medically necessary.

**Gabapentin, 500 mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs  
Page(s): 16.

**Decision rationale:** The California MTUS indicates that gabapentin is an anti-seizure medication that is recommended for neuropathic pain. The MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an antiepileptic drug (AED) for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify any documentation that demonstrated objective neuropathic pain and pain relief or functional improvement was not documented with this medication. Therefore, Gabapentin, 500 mg, #90 is not medically necessary.