

<b>Case Number:</b>	CM14-0189985		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	05/12/1991
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 5/12/91. A utilization review determination dated 11/6/14 recommends modification of Norco and Gabapentin. 11/11/14 medical report identifies low back pain radiating to the bilateral anterolateral and posterior thigh, anterolateral and posterior calf, and bilateral big toe with numbness and paresthesias. Pain is 5/10. On exam, there was limited ROM, positive lumbar discogenic provocative maneuvers, positive right SI joint provocative maneuvers, positive right SLR, sitting root, and Lasegue's signs, muscle strength 4/5 RLE except for 3/5 right tibialis anterior. Sensation decreased in L4 and L5 dermatomes on the RLE and L5-S1 on the left. Norco is said to decrease pain and improve ADLs by 75%, with pain from 8/10 to 2/10. Pain contract is current and UDS was said to be consistent and no adverse effects or aberrant behavior was noted. Gabapentin was said to provide 50% decreased neuropathic pain and improvement of ADLs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Norco 10/325 mg # 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79 and 120.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, subsequent to the prior UR decision, the provider noted the Norco decreased pain and improved ADLs by 75%, with pain from 8/10 to 2/10. Pain contract is current and UDS was said to be consistent and no adverse effects or aberrant behavior was noted. In light of the above, the currently requested Norco is medically necessary.

**One prescription of Gabapentin 300 mg # 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

**Decision rationale:** Regarding request for Gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, subsequent to the prior UR decision, Gabapentin was said to provide 50% decreased neuropathic pain and improvement of ADLs and no side effects were noted. In light of the above, the currently requested Gabapentin is medically necessary.