

<b>Case Number:</b>	CM14-0192865		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	07/08/1993
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Practice 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:

50 year old female claimant sustained a work injury on 7/8/93 involving the low back. She was diagnosed with lumbar degenerative disk disease. She underwent a spinal fusion in 1991 and 2001. She had used a TENS unit. A progress note on 10/3/14 indicated the claimant had pain in the legs and low back. She had an unremarkable physical exam. She had been on Avinza and Endocet for pain along with Gabapentin for neuropathic symptoms and Baclofen for spasticity. A progress note on 11/4/14 indicated the claimant had no complaints and no physical exam. She required a medication refill and was continued on the above medications. She had been on the medications for over 6 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 60 mg, thirty count:** 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 Opioids Page(s): 82-92, 23.

**Decision rationale:** According to the guidelines, Avinza capsules are a brand of modified-release morphine sulfate indicated for once daily administration for the relief of moderate to

severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. The use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). In this case, the claimant had been on Avinza for many months. There is no indication of 1st line medication failure. The claimant did not have neuropathy due to diabetes or herpes. She had been on Avinza (morphine) for over 6 months without mention of physical exam or pain score response. Continued use of Avinza is not medically necessary.

**Gabapentin 600 mg, 240 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

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

**Decision rationale:** According to the MTUS guidelines: Gabapentin 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. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.