

<b>Case Number:</b>	CM14-0195259		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/13/2003
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Preventive 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:

The injured worker is a 66-year-old male, with a reported date of injury of 07/13/2003. The result of the injury was low back pain. The current diagnosis includes spinal/lumbar degenerative disc disease; low back pain; and post lumbar laminectomy syndrome. Treatments have included MS Contin 15mg; Norco 10/325mg; and Neurontin 300mg. The progress report dated 11/03/2014 indicated that the injured worker presented with low back pain. He rated his pain with medication as 7 out of 10, and without medications as 10 out of 10. The injured worker was taking his medications as prescribed, and admitted that the medications were working well. It was noted that with the use of medication, the injured worker was able to walk moderate distances and complete the activities of daily living and self-care independently. Without the use of medications, his function would be severely limited. The treating physician indicated that the injured worker was unable to tolerate a taper in his medications, because it would greatly affect his capabilities. The physical examination revealed that the injured worker had an awkward, slow, and stooped gait and walked with a cane; the range of motion of the low back was restricted by pain; flexion limited to 50 degrees; extension limited to 5 degrees; tenderness to palpation of the paravertebral muscles bilaterally; and a negative straight leg raising test. The injured worker was unable to walk on his heels and toes. On 11/18/2014, Utilization Review (UR) provided a modified certification for the request for Neurontin 300mg #270 and Norco 10/325mg #168. The UR physician cited the MTUS Chronic Pain Guidelines and noted that there was no evidence to indicate that the injured worker showed neuropathic pain symptoms. It was also noted that there was no evidence that the injured worker had any substantial or lasting gains in function or pain control, with the long-term use of opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of spinal/lumbar degenerative disc disease and low back pain. In addition, there is documentation of objective findings consistent with neuropathic pain. The medical records reflecting prescription for Neurontin since at least 4/14 and there is decreased pain with medication from 10/10 to 7/10. In addition, the injured worker was able to walk moderate distances and complete the activities of daily living and self-care independently with the use of medications. Without the use of medications function would be severely limited. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Neurontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Neurontin 300mg #270 is not medically necessary.

**Norco 10/325mg #168:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of spinal/lumbar degenerative disc disease and low back pain. In

addition, given documentation of a pain agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records do reflect a prescription for Norco since at least 4/14. In addition, there is documentation of decreased pain with medication from 10/10 to 7/10, an increase in the able to walk moderate distances, an ability to complete the activities of daily living and self-care independently with the use of medications. It was noted that without the use of medications function would be severely limited. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #168 is not medically necessary.