

<b>Case Number:</b>	CM14-0205879		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/06/1995
<b>Decision Date:</b>	02/26/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 62 year-old female with date of injury 11/06/1995. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 12/02/2014, lists subjective complaints as low back pain. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumbar paraspinals with spasm. Myofascial pain was also noted. Range of motion was restricted with rotation and extension causing pain. Tenderness to palpation was also noted about the bilateral sacroiliac joints and bilateral greater trochanters. Straight leg raising test was negative bilaterally. Sensation to light touch and pinprick was decreased over the left lateral calf. Ankle reflexes were absent bilaterally. Diagnosis: 1. Lumbar degenerative disc disease 2. Lumbar radiculopathy 3. Lumbar facet pain. Original review modified the medication request to Norco 5/325, #17 for weaning purposes. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medication: 1. Norco 10/325mg, #150 SIG: 1-2 tablets po 4-6hours 2. Gabapentin 800mg, #90 SIG: 1 tablet three times a day 3. Cymbalta 30mg, #30 SIG: 2 tablets once a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg Qty 150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg Qty 150 is not medically necessary.

**Gabapentin 800mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 800mg Qty 90 is not medically necessary.

**Cymbalta 30mg Qty 30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14, 105.

**Decision rationale:** Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The patient's diagnosis of depression is well documented in the medical record and is apparently an accepted part of the claim. I am reversing the previous utilization review decision. Cymbalta 30mg Qty 30 is medically necessary.