

<b>Case Number:</b>	CM14-0207282		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/01/2009
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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:

51-year-old female claimant who sustained a work injury on 2/1/09 involving the neck. She was diagnosed with cervical radiculopathy. She had persistent pain for over five years. She had undergone physical therapy and acupuncture. Although Gabapentin helped her she had persistent paresthesias. A progress note on November 4, 2014 indicated the claimant had neck pain radiating down to the arms. At the time she has been on Gabapentin, Lyrica and Hydrocodone/Tylenolol for pain. Exam and if he was not performed during the visit. The physician requested additional therapy along with renewal of the Gabapentin and Hydrocodone. She had been on the Gabapentin and Hydrocodone for over a year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

**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. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended and the medication was combined with a medication with similar properties (Lyrica). Gabapentin is not medically necessary.

**Hydrocodone/Acetaminophen 5/325mg #60:** Upheld

**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): 82-92.

**Decision rationale:** Hydrocodone /APAP is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone /APAP for a year without significant improvement in pain or function. The continued use of Hydrocodone /APAP is not medically necessary.