

<b>Case Number:</b>	CM14-0207884		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	09/15/2002
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Rehab, 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:

The injured worker is a 55-year-old female who reported an injury on 09/15/2002. The mechanism of injury was not submitted for review. The injured worker has diagnoses of chronic right shoulder pain, chronic neck pain, right sided chronic low back pain, right sided temporal and frontal headaches, and depression due to chronic pain. Past medical treatment consists of surgery, therapy, and medication therapy. The injured worker underwent shoulder surgery in 2004 and hysterectomy in 1999. An MRI of the cervical spine obtained on 05/22/2014 revealed a 2 to 3 mm central disc protrusion present which effaced the ventral CSF space and contacted the ventral aspect of the cervical cord, deforming it slightly at C4-5. There was no canal stenosis or neural foraminal compromise. At C5-6, there was a 3 mm broad based disc bulge present which effaced the ventral CSF space and contacted the ventral aspect of the cervical cord, deforming it slightly. There was resulting canal stenosis and left neural foraminal narrowing. At C6-7, there was a 2 mm broad based disc bulge present which effaced the ventral CSF space, but did not result in canal stenosis, mass effect upon the cord, or neural foraminal compromise. On 10/24/2014, the injured worker complained of ongoing neck and low back pain. There was no physical examination indicating sensory deficits, spasm, or pain levels to the injured worker. Medications include Norco 10/325 mg, Neurontin 800 mg, Colace 100 mg, cholesterol and hydrochlorothiazide, and Relafen 750 mg. The treatment plan was for the injured worker to continue with medication therapy. A rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Norco 10/325 #300 2 month supply dos 10/24/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Norco) Page(s): 78, 98.

**Decision rationale:** The request for retro Norco 10/325 mg #300 is not medically necessary. The California Medical Treatment Utilization Guidelines state that usual dose is 5/500 mg 1 or 2 tablets by mouth every 4 to 6 hours as needed for pain. The guidelines also state that prescriptions should be from 1 practitioner taken as directed and all prescriptions from a single pharmacy. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include what pain levels were before, during, and after medication administration. A satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control is recommended. The submitted documentation lacked the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits. Additionally, there were no pain assessments submitted for review indicating what pain levels were before, during, and after medication administration. Furthermore, there were no physical findings on the visit indicating that the injured worker had pain via VAS. Furthermore, there were no UA or drug screens submitted for review showing that the injured worker was compliant with prescribed medications. Given the above, the injured worker is not within guideline criteria. As such, the request is not medically necessary.

**Retro Neurontin 800mg #180 dispensed 2 month supply dos 10/24/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list, Gabapentin Page(s): 16.

**Decision rationale:** The request for retro Neurontin 800 mg #180 was not medically necessary. The California MTUS Guidelines indicate that gabapentin (Neurontin) is shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The submitted documentation did not indicate that the injured worker had a diagnosis congruent with the above guidelines. Furthermore, there was no documentation of the efficacy of the medication. Additionally, there was no physical examination indicating that the injured worker had any sensory deficits or pain. The request as submitted also did not indicate a frequency of the medication. Given the above, the injured worker was not within recommended guideline criteria. As such, the request is not medically necessary.

**Retro Relafen 750mg #60 dispensed 2 month supply dos 10/24/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 70.

**Decision rationale:** The request for retro Relafen 750 mg #60 was not medically necessary. The California MTUS Guidelines indicate that per package inserts for NSAIDs, it is recommended to perform periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The guidelines also recommend NSAIDs at the lowest dose for the shortest period of time for patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that it was helping with any functional deficits the injured worker had. Furthermore, it is unclear how long the injured worker was on the medication. Additionally, there were no assessments indicating what the injured worker's pain levels were before, during, and after the medication administration. There was also no indication of monitoring via CBC or chemistry profile. Given the above, the injured worker was not within the recommended guideline criteria. As such, the request is not medically necessary.