

<b>Case Number:</b>	CM14-0214496		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	07/14/2002
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61-year-old male who reported an injury on 07/14/2002. The mechanism of injury was unspecified. His diagnoses included degenerative disc disease of the lumbar spine with radiculopathy, lumbar facet hypertrophy, and moderate to severe disc space narrowing at the L4-S1 greater than L4-5. His past treatments included medications, injections, chiropractic care, and physical therapy. On 10/10/2014, the injured worker present for a follow-up post epidural steroid injection. The injured worker also complained of neck and low back pain rated 5/10. His current medications include Norco 10/325 mg and Neurontin 600 mg. The injured worker stated the medications helped decrease his pain by about 50% along with increasing his activity level and decreasing the numbness in his legs. The injured worker complained of confusion and dizziness contributed from taking gabapentin. The treatment plan included a continuation of Norco and gabapentin for neuropathic pain as needed. A Request for Authorization form was received on 10/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**APAP w/ Codeine 300/30mg #60:** 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 On-going management Page(s): 78.

**Decision rationale:** The request for APAP w/codeine 300/30 mg #60 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker was indicated to have chronic neck and low back pain. The injured worker also noted a decrease of pain by about 50% with an increase in activity level. However, there was lack of documentation in regard to objective functional improvement, an objective decrease in pain, evidence of monitoring for drug related behaviors, and side effects incurred with opioid use. There was also a lack of a current urine drug screen for review. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Gabapentin 600mg #90:** 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 Antiepileptics Page(s): 16-19.

**Decision rationale:** The request for gabapentin 600 mg #90 is not medically necessary. According to the California MTUS Guidelines, antiepileptics are recommended for diabetic painful neuropathy and postherpetic neuralgia. They also state a response to the use of AEDs has been defined as a 30% to 50% reduction in pain. There should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The injured worker was indicated to have chronic neck and low back pain. However, there was a lack of documentation to indicate the patient had diabetic painful neuropathy or had post herpetic neuralgia. There was also a lack of documentation in regard to objective pain relief values and an objective improvement in function. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.