

<b>Case Number:</b>	CM15-0002421		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	03/05/1985
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male who sustained an industrial injury on March 5, 1985. He has reported right ankle pain and has been diagnosed with joint pain-ankle. Treatment to date has included medication, multiple surgeries to the right ankle, spinal cord stimulator device implantation, and a course of physical therapy. Since July 2014, the claimant had been requiring increasing dosages of Ibuprofen while taking it with Tramadol and Gabapentin. Currently the injured worker complains of right ankle pain and neuropathic pain that increases with activities. A progress note on 10/16/14 indicated the claimant had been on Norco, Ibuprofen, Gabapentin and topical Lidocaine. He noted improved function while on the medications. The treatment plan has included medications. On December 12, 2014 Utilization Review modified 1 prescription of Norco 10/325 # 90 and non certified 1 prescription of Gabapentin 600 mg # 60 noting the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 82-92.

**Decision rationale:** Norco 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 Norco for several months and previously on Tramadol for several months . No one opioids is superior to another. Pain scale response to Norco alone is not noted. Combined use of an NSAID and Opioid is not justified . An opioid contract is not noted. Long term use of opioids can lead to additcion and tolerance. The continued and chronic use of Norco is not medically necessary.

**Gabapentin 600 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epileptics and Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin, Gabarone, generic available) 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. It is recommended as a trial for lumbar stenosis, fibromyalgia, and CRPS. In this case, the claimant does not have the stated conditions approved for Gabapentin use. In this case, the claimant had a period of increasing pain which was managed by increasing the NSAID dose. The Gabapentin was not adjusted or weaned. Pain scores or the individual response to Gabapentin is unknown. Continued use of Gabapentin is not justified and therefore not medically necessary.