

<b>Case Number:</b>	CM15-0003565		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: 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:

The injured worker was a 37 year old female, who sustained an industrial injury, July 20, 2011. The injury was sustained in a motor vehicular accident in which the injured worker was T-boned. The injured workers chief complaint was low back and right hip pain. The injured workers pain was in the right low back with radiation to the right buttocks posterolateral buttocks and down to the right foot with intermittent numbness and tingling in the plantar aspect of the right foot. The injured worker was diagnosed with sprain/strain of the sacroiliac and thoracic/lumbar neuritis/radiculopathy. The injured worker had been treated with Gabapentin, Norco, Zanaflex, Naprosyn, epidural steroid injection, physical therapy acupuncture, topical creams and lumbar discectomy, decompression, interbody fusion and diagnostic testing. The primary physician was requesting authorization for prescriptions renewals for Gabapentin, Norco, Zanaflex and Naprosyn. On December 8, 2014 the UR denied authorization for prescriptions for Gabapentin, Norco, Zanaflex and Naprosyn. The denial for Gabapentin was based on the MTUS Chronic Pain Medical Treatment Guidelines. The denial for Norco was based on the MTUS Chronic Pain Medical Treatment Guidelines. The denial for Zanaflex was based on the MTUS Chronic Pain Medical Treatment Guidelines. The denial for Naprosyn was bases on the MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #100 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Medications Page(s): 17.

**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 300mg #100 with 1 refill is not medically necessary.

**Norco 10/325mg #180: 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:** 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 #180 is not medically necessary.

**Zanaflex 4mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**Decision rationale:** Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 4mg #60 with 2 refills is not medically necessary.

**Naprosyn 200mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Naprosyn 200mg #60 with 2 refills is not medically necessary.