

<b>Case Number:</b>	CM15-0009367		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/13/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 66 year old male, who sustained an industrial injury on July 13, 2003. He has reported a back injury. The diagnoses have included lumbar degenerative disc disease, and low back pain. Treatment to date has included medications, and radiological imaging. Currently, the IW complains of continued lower backache. The records indicate the injured worker has been prescribed Neurontin 300 mg, MS Contin 15 mg, and Norco 10/325mg since at least May 19, 2014. Current physical findings are noted to be restricted range of motion of the lumbar spine with flexion 55 degrees, extension 5 degrees, both right and left lateral bending 30 degrees each, and tenderness. On December 24, 2014, Utilization Review non-certified Neurontin 300 mg, quantity #270, and Norco 10/325 mg, quantity #168, and a modified certification of MS Contin 15 mg, quantity #74, based on Chronic Pain Medical Treatment guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of Neurontin 300 mg, quantity #270, and Norco 10/325 mg, quantity #168, and MS Contin 15 mg, quantity #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg # 270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

**Decision rationale:** With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia."Per MTUS CPMTG, "Gabapentin (Neurontin) 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."Per MTUS CPMTG p17, "After initiation of treatment 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 documentation submitted for review indicates that the injured worker has been prescribed Neurontin since at least 5/19/14, however, there was no documentation of pain relief or improvement in function. As such, medical necessity of continued use cannot be affirmed.

**Norco 10/325mg # 168:** Overturned

**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): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Per progress report dated 12/17/14, it was noted that the injured worker had adequate and appropriate analgesia medications with functional benefit and improved quality of life. It was noted that the injured worker had improved capability for activities of daily living, including self care and household tasks with the medications. It was noted that UDS had been consistent, and that pain contract was on hand and discussed regularly. I respectfully disagree with the UR physician's assertion that this evidence was not documented. The request is medically necessary.

**MS Contin 15mg # 120:** Overturned

**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): 78, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 12/17/14, it was noted that the injured worker had adequate and appropriate analgesia medications with functional benefit and improved quality of life. It was noted that the injured worker had improved capability for activities of daily living, including self care and household tasks with the medications. It was noted that UDS had been consistent, and that pain contract was on hand and discussed regularly. I respectfully disagree with the UR physician's assertion that this evidence was not documented. The request is medically necessary.