

<b>Case Number:</b>	CM15-0009539		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/26/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old male who reported an injury on 08/26/2010 due to an unspecified mechanism of injury. On 12/18/2014, he presented for a follow-up evaluation regarding his work related injury. He reported worsening pain in the left knee and stated the Norco 10/325 mg was not helping his pain. Objective findings showed tenderness to palpation in the medial and lateral joint line and limited range of motion. He was diagnosed with cervical sprain, complaints of sleep difficulty, depression, cord myelopathy, and degenerative disc disease of the lumbar spine. The treatment plan was for Percocet 10/325 mg #120 and gabapentin 300 mg #30 with 2 refills. The rationale for treatment was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, the frequency of the medication was not stated within the request. Furthermore, no official urine drug screens or CURES reports were provided for review to validate his compliance with his medication regimen. Therefore, the request is not supported. As such, the request is not medically necessary.

**Gabapentin 300 mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** The California MTUS Guidelines recommend gabapentin as a first-line therapy medication option for neuropathic pain. The documentation provided does not show that the injured worker is suffering from neuropathic pain. Also, 2 refills of this medication would not be supported without a re-evaluation to determine treatment success. In addition, his response in terms of a quantitative decrease in pain or an objective improvement in function with the use of this medication was not clearly documented. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.