

<b>Case Number:</b>	CM15-0015405		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	10/10/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Texas, Illinois

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 (IW) is a 35-year-old male, who sustained an industrial injury on October 10, 2012. He has reported neck, left shoulder and low back pain and was diagnosed with lumbar sprain/strain, pain in the shoulder joint, post laminectomy syndrome of the lumbar region and thoracic/lumbarosacral neuritis/radiculitis. Treatment has included surgical intervention, conservative therapies, work modifications and pain medications. Currently, the injured worker complains of neck, left shoulder and low back pain. The injured worker reported pain as previously described after an industrial injury in 2012. He has had several failed conservative therapies and surgical interventions Pain medications are noted to provide some benefit. On January 16, 2015, evaluation revealed continued pain. Medications were adjusted. On January 12, 2015, Utilization Review non-certified a request for Motrin 600 mg #60 and Norco 10/325mg #60, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain discussion; NSAIDs Page(s): 8; 67-68.

**Decision rationale:** The injured worker sustained a work related injury on October 10, 2012. The medical records provided indicate the diagnosis of lumbar sprain/strain, pain in the shoulder joint, post laminectomy syndrome of the lumbar region and thoracic/lumbarosacral neuritis/radiculitis. Treatment has included surgical intervention, conservative therapies, work modifications and pain medications. The medical records provided for review do not indicate a medical necessity for Motrin 600mg #60. The MTUS recommends the NSAIDs as an option for short-term symptomatic relief. The medical note indicates that the pain had worsened and the injured workers functional improvement assessment was crippling while on this medications. The MTUS recommends that if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The request is not medically necessary.

**Norco 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Opioid Page(s): 8; 78-81.

**Decision rationale:** The injured worker sustained a work related injury on October 10, 2012. The medical records provided indicate the diagnosis of lumbar sprain/strain, pain in the shoulder joint, post laminectomy syndrome of the lumbar region and thoracic/lumbarosacral neuritis/radiculitis. Treatment has included surgical intervention, conservative therapies, work modifications and pain medications. The medical records provided for review do not indicate a medical necessity for Norco 10/325mg #60. The records indicate the injured workers pain had worsened and he was crippled in functional improvement assessment; he has been on this medication for about a year. The Opioids are indicated for short-term treatment of moderate to severe chronic pain, as it has not been researched for more than 70 days for chronic pain treatment. The MTUS recommends discontinuation of treatment if there is no documented evidence of pain reduction, functional improvement or return to work. Also, the MTUS recommends that if the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. Additionally, the MTUS recommends, when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The records indicates the pain had worsened, his functional activity assessment was crippling. The request is not medically necessary.

**Gabapentin 600mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Antiepileptic Drugs Page(s): 8; 16-21.

**Decision rationale:** The injured worker sustained a work related injury on October 10, 2012. The medical records provided indicate the diagnosis of lumbar sprain/strain, pain in the shoulder joint, post laminectomy syndrome of the lumbar region and thoracic/lumbarosacral neuritis/radiculitis. Treatment has included surgical intervention, conservative therapies, work modifications and pain medications. The medical records provided for review do not indicate a medical necessity for Gabapentin 600mg #60. The records indicate that the injured workers pain had worsened and his functional improvement assessment was crippling. The MTUS recommends changing or modifying the treatment if there is no documentation of 30% pain reduction when an individual with neuropathic pain is being treated with an antiepileptic medication. Also, the MTUS recommends that. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. The request is not medically necessary.