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| <b>Case Number:</b>   | CM15-0135528 |                              |            |
| <b>Date Assigned:</b> | 07/23/2015   | <b>Date of Injury:</b>       | 06/20/2011 |
| <b>Decision Date:</b> | 08/20/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/13/2015 |

### 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: Massachusetts

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

This 35 year old male sustained an industrial injury on 6/20/11. He subsequently reported low back pain. Diagnoses include chronic pain syndrome. Treatments to date include MRI testing, physical therapy, acupuncture, back surgery, chiropractic care and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there is tenderness noted in the lumbosacral paraspinals and painful range of motion noted. A request for Norco 10/325mg #120 and Gabapentin 400mg #90 x 2 was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin 400mg #90 x 2 Page(s): 78-80, 91 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in June 2011 and continues to be treated for chronic low back and lower extremity pain after a lumbar fusion. When seen, physical examination findings were unchanged with previous exams documenting positive straight leg raising with lumbar tenderness and an antalgic gait. Norco was refilled and gabapentin was increased to 1200 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Gabapentin 400mg #90 x 2:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

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

**Decision rationale:** The claimant sustained a work-related injury in June 2011 and continues to be treated for chronic low back and lower extremity pain after a lumbar fusion. When seen, physical examination findings were unchanged with previous exams documenting positive straight leg raising with lumbar tenderness and an antalgic gait. Norco was refilled and gabapentin was increased to 1200 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's increasing gabapentin dosing is consistent with that recommendation and was medically necessary.