

<b>Case Number:</b>	CM15-0136680		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Family Practice

### 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 66-year-old male injured worker suffered an industrial injury on 1/18/2008. The diagnoses included low back pain, chronic pain syndrome and neck pain. The treatment included medication. On 6/4/2015, the treating provider reported the pain was the same and reported the physical exam was unchanged. He reported the urine drug screen was compliant. It was not clear if the injured worker had returned to work. The requested treatments included Norco 10/325mg and Gabapentin 300mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

**Decision rationale:** This patient receives treatment for chronic pain syndrome involving the neck and knee(s). This relates back to an industrial injury claim dated 01/18/2008. This review addresses a request for Norco 10/325mg #120. The documentation of the patient's medical care is very limited. There is no history of the original injury, nor any information about imaging studies, physical exam, or treatments tried and failed. Norco contains hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. Based on the documentation treatment with Norco is not medically necessary.

**Gabapentin 300mg TID #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs (AEDs) Page(s): 16-22.

**Decision rationale:** This patient receives treatment for chronic pain syndrome involving the neck and knee(s). This relates back to an industrial injury claim dated 01/18/2008. This review addresses a request for Gabapentin 300mg TID #90 with 2 refills. The documentation of the patient's medical care is very limited. There is no history of the original injury, nor any information about imaging studies, physical exam, or treatments tried and failed. Gabapentin is an antiepileptic drug (AED). AEDs are medically indicated to treat peripheral neuropathy, central nervous system pain, or post herpetic neuralgia, which this patient does not have. Gabapentin is not medically necessary.