

<b>Case Number:</b>	CM15-0146673		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	05/04/2005
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: 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 54 year old female, who sustained an industrial injury on May 4, 2005. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included heat and cold therapy, physical therapy, medication, epidural injection, spinal cord stimulator, pain management, MRI, CT scan, x-rays, electrodiagnostic study, laboratory tests and toxicology screens. Currently, the injured worker complains of fluctuating left ankle and left calf pain that is described as aching, numbness, tingling, piercing and sharp. The pain is aggravated by engaging in activities of daily living, standing, waking. She also reports neck, low back pain with numbness and tingling. Her pain is rated at 2 on 10 with medication and 9 on 10 without medication. The injured worker is currently diagnosed with lumbosacral radiculopathy, joint pain, facet joint arthropathy, cervical radiculopathy, arthropathy, meniscus tear, lumbar intervertebral disc displacement without myelopathy, lumbosacral radiculitis, brachial radiculitis, achilles tendinitis, low back pain, lumbosacral spondylosis without myelopathy, inflamed sacroiliac joint and post lumbar laminectomy syndrome. Her work status is permanent and stationary. A progress note dated July 1, 2015, indicates the injured worker's pain is relieved by heat, ice, injections, medications and physical therapy. The note also states the injured worker experienced improvement in low back pain (40%) from the spinal cord stimulator as well as decreased numbness and tingling and left buttock pain. The following medications, Gabapentin 300 mg #30 with one refill (for radiculopathy) and Butrans 10 mcg #4 with one refill (for pain relief) are requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #30 + 1 refill:** Upheld

**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 Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

**Decision rationale:** Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic 2005 P&S injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 300mg #30 + 1 refill is not medically necessary and appropriate.

**Butrans 10mcg #4 + 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine HCL, pages 26-27.

**Decision rationale:** Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic 2005 P&S injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Butrans 10mcg #4 + 1 refill is not medically necessary and appropriate.

