

<b>Case Number:</b>	CM15-0148118		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	04/07/2010
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Arizona, 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 injured worker is a 52 year old female, who sustained an industrial injury on 4-7-10. She has reported initial complaints of neck, low back injury, and right leg injury, right hip and right foot injury working as a bus driver after stepping down off the bus she felt a pop in her hip and twisted the right leg. The diagnoses have included cervical radiculopathy, post cervical laminectomy syndrome and spasm of muscle. Treatment to date has included medications, activity modifications, diagnostics, cervical surgery physical therapy, injections, acupuncture, and other modalities. Currently, as per the physician progress note dated 7-21-15, the injured worker complains of continued neck pain with radiation down the both arms, low back pain with radicular symptoms and right hip pain. The pain is rated 9 out of 10 on pain scale without medications and 6 out of 10 with medications. The quality of sleep is also poor. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right hip, cervical spine and lumbar spine. The current medications included Gabapentin, Percocet, Amlodipine, Omeprazole, Plaquenil and Tylenol extra strength. The urine drug screen dated 1-19-15 was consistent with the medications prescribed. The objective findings-physical exam reveals that the cervical spine has restricted range of motion limited by pain. There is spasm, tight muscle band and trigger points noted bilaterally. The Spurling's maneuver causes radicular symptoms in the bilateral upper extremities. The lumbar range of motion is restricted and limited by pain, the injured worker is not able to walk on heels and toes, lumbar facet loading is positive on the right, and there is trigger points with radiating pain and twitch response on palpation of the lumbar paraspinal muscles on the right. The right hip has tenderness and pain over the right

gluteus and there is pain with active right hip extension and oblique abduction. The motor testing is limited by pain. The physician requested treatments included Gabapentin 800mg one at bedtime quantity 30 and Percocet 10-325mg one twice daily as needed quantity 60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Gabapentin 800mg one at bedtime quantity 30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does radicular symptoms approved for Gabapentin use. Medications were providing benefit. Gabapentin is medically necessary.

#### **Percocet 10/325mg one twice daily as needed quantity 60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months but has been reducing the frequency. There claimant was on Tylenol as well and obtaining good relief with reduced use of medication than a few months ago. The continued use Percocet is medically necessary at this time.