

<b>Case Number:</b>	CM15-0164387		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	05/25/2000
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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, Hawaii  
 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 53 year old male who sustained an industrial injury on 05-25-2000. According to a progress report dated 05-06-2015, the injured worker had a history of lumbar degenerative disc disease, bilateral lumbar radiculopathy and right shoulder pain and had left wrist tendinitis. He reported that his pain level was rated 10 on a scale of 1-10 without medications and 6 with medications. He reported benefit of chronic pain medication maintenance regimen. He report that in the past four days he had a severe low back pain flare. He reported that he tried to walk that morning to help relieve his back pain but mid-way his pain increased and he had trouble getting back home. He had not been able to cook dinner, clean the house or go for walks due to increasing pain. Current medications included Norco, Lorazepam, Lyrica, Cyclobenzaprine and Neurontin. On 06-09-2015, the injured worker underwent a bilateral L4-5, L5-S1 transforaminal epidural steroid injection. According to a progress report dated 08-03-2015, the injured worker had a history of lumbar degenerative disc disease, bilateral lumbar radiculopathy and right shoulder pain and had left wrist tendinitis. He reported that he had 80 percent relief of pain since his epidural on June 9th. Without medications, pain was rated 10 on a scale of 1-10 and with medications pain was rated 3. Pain was worse in the morning. He reported benefit of chronic pain medication maintenance regimen, activity restriction and rest continued to keep pain within a manageable level to allow him to complete necessary activities of daily living. Current medications included Norco, Lyrica, Cyclobenzaprine and Neurontin. There were no reported side effects. Diagnoses included chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis unspecified, degeneration of lumbar or lumbosacral intervertebral disc,

lumbago, myalgia and myositis unspecified, Dysesthesia, spasm of muscle and anxiety. The injured worker was to follow up in one month. Currently under review is the request for Norco 10-325 mg #90 and Gabapentin 300 mg #120.

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

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

**Norco 10/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with pain affecting the lumbar spine, right shoulder, and left wrist. The current request is for Norco 10/325 #90. The treating physician states in the report dated 8/3/15, "Norco 10/325MG 1 PO Q 8 hours #90." (22B) The treating physician goes onto state that the patient rates their pain is a 10/10 without medications and 3/10 with medications. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient has decreased pain, is able to perform ADLs, has not had any side effects to the medication, and has not demonstrated any aberrant behaviors. The current request is medically necessary.

**Gabapentin 300mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The patient presents with pain affecting the lumbar spine, right shoulder, and left wrist. The current request is for Gabapentin 300mg #120. The treating physician states in the report dated 8/3/15, "Gabapentin 300mg 1 po tid 2 po qhs #120." (22B) The MTUS guidelines state "effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". In this case the treating physician has documented that the patient has complaints of paresthesia and the usage of Gabapentin helps decrease pain and improve function. The current request is medically necessary.

