

<b>Case Number:</b>	CM15-0193528		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	11/30/2002
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 63 year old male, who sustained an industrial injury on 11-30-2002. The injured worker is undergoing treatment for: chronic pain in the right upper extremity, right sided foraminal stenosis at C6-C7, history of right shoulder surgery, chronic myofascial pain. On 7-9-15, a medical legal report indicated that on 3-18-15 his pain was reduced from 8 out of 10 to 1 out of 10 with the use of Norco, and allowed him to be able to walk and do exercises for an hour longer than he would be able without medications. On 9-2-15, he reported continued neck and upper extremity pain. He indicated Norco brings his pain down from 10 out of 10 to a 1 out of 10 and allows him to be more active. He is reported to have denied side effects other than constipation, and no aberrant behaviors are noted. Neurontin is reported to reduce neuropathic pain by more than 30 percent and Zanaflex helps with myofascial pain. Objective findings revealed "he is in no acute distress today. He ambulates with no antalgic gait. He has some stiffness with range of motion of the cervical spine". There is no discussion of the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: walking, medications, home exercises, urine drug screen (6-10-15), pain contract, right shoulder surgery (2003), CT myelogram of the cervical spine (March 2004). Medications have included: Norco, Neurontin, Zanaflex, and Colace. The records indicate he has utilized Norco and Neurontin since at least December 2014, possibly longer. Current work status: part time at a different occupation. The request for authorization is for: Norco 10-325mg and Neurontin 800mg. The UR dated 9-24-15: non-certified the request for Norco 10-325mg and Neurontin 800mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request, and weaning is indicated. The recent note from September 2015 provides very little in the way of physical exam findings. Given the lack of clear objective evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Norco is not medically necessary.

**Neurontin 800mg #90:** Upheld

**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): Anti-epilepsy drugs (AEDs).

**Decision rationale:** Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, there is not clear objective evidence of value in use of this medication, and there is no clear objective physical exam of value in the most recent, September 2015 note. Without clear establishment of efficacy, and continued physical exam/objective monitoring for continued treatment, the request is not validated. Therefore, without clear evidence for efficacy and uncertainty as to the added clinical value of the drug, the request for Neurontin is not medically necessary based on the provided records.