

<b>Case Number:</b>	CM15-0193921		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	03/25/2010
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 54-year-old female who sustained industrial injuries on 3-25-2010. Diagnoses have included degeneration of cervical intervertebral disc and cervical disc displacement, cervical radiculitis, low back pain, lumbar disc displacement, and lumbar radiculopathy. Documented treatment includes ice, heat, NSAIDs, physical therapy, acupuncture, Aquatherapy, and epidurals are noted to have provided some pain relief. 8-19-2015 the injured worker continues to report "sharp, stabbing, burning, and constant" low back pain rated 8.5 - 10 out of 10 which radiates into both legs with numbness and paresthesia. She also reports weakness. Her neck pain radiates into the right shoulder and she has headaches. She reports numbness and weakness. The injured worker had been using Butrans patch for an unspecified amount of time but the physician states that she had been without it for 2 months resulting in increased pain, which was supported by a negative urinalysis. A Progress report dated 8-19-2015 is provided with poor copy quality and some parts are illegible, but objective findings showed pain with rotation, extension and flexion at multiple levels, positive straight leg raises, and muscle spasm and tenderness. The treating physician's plan of care includes a refill for #4 Butrans 10 mg patches to be used every 7 days for cervical degeneration, and a documented "start" of Neurontin 300 mg, 3 times a day for 30 days, #90. Both were denied on 9-21-2015. Current work status for the injured worker is full time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg 1x3 a day #90: Upheld**

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

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

**Decision rationale:** Guidelines recommend gabapentin for treating diabetic painful neuropathy and post herpetic neuralgia. It may also be used as a first line treatment for neuropathic pain. Continued use of gabapentin is recommended if there is adequate response to pain. In this case, there is no documentation of objective functional data to support ongoing medication use and the patient has not had medication for at least 2 months. Thus the request for gabapentin 300 mg #90 is not medically appropriate and necessary

**Butrans 10mcg apply 1 patch every 7 days #4 Rx date: 9/14/15: Upheld**

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

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

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date and the claimant has not taken Butrans in over 2 months. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Butrans 10 mcg is not medically necessary.