

<b>Case Number:</b>	CM15-0194884		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/02/2015
<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: 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 63 year old male, who sustained an industrial injury on 08-05-2010. He has reported subsequent neck and low back pain and was diagnosed with degenerative disc disease of C5-C7, lumbosacral strain, spinal stenosis and degenerative arthritis of the lumbar spine and lumbar radiculopathy. Electromyography-nerve conduction study of the bilateral lower extremities on 02-25-2015 was noted to show no electrodiagnostic evidence of lumbosacral radiculopathy or L2-S1 nerve root distributions or tibial, peroneal or sciatic neuropathy, bilaterally peripheral polyneuropathy. The patient continues with chronic lumbalgia with intermittent radicular symptoms noted. Some skin changes to the lower legs were noted that were similar to skin stigmata associated with diabetes, which raised suspicion of possible early symptoms of peripheral polyneuropathy. Treatment to date has included oral and topical pain medication, lumbar epidural steroid injection and physical therapy, which were noted to have failed to significantly relieve the pain. Documentation shows that Norco was prescribed as far back as 2010 and Gabapentin was prescribed at least as far back as 10-20-2014. In a progress note dated 07-10-2015, the injured worker reported low back and bilateral lower extremity pain that was rated as an 8 out of 10. The physician noted that it was recommended that the injured worker attempt to increase Gabapentin in order to address the radiculopathy. The injured worker noted that while taking Norco pain levels were reduced 20-25% and allowed him to undergo activities of daily living more tolerably, however the injured worker noted that the potency of this medication was not quite as effective as it once was. In July 23, 2015, the qualified medical examiner recommended that Norco be discontinued and that the injured worker "be placed on a

non-narcotic pain reliever as this would alter the ability to determine his level of pain from which he was suffering." In a progress note dated 08-14-2015, the injured worker was seen in follow up for industrial injuries of the cervical and lumbar spine. No subjective findings were documented. Objective examination findings revealed a mildly antalgic gait and limitations with range of motion. Work status was documented as retired. Treatment plan included continuation of Norco and Gabapentin. The physician noted that it was recommended that the injured worker discontinue his narcotic level medication in order to assess his levels of pain. A request for authorization of Norco 10-325 mg #120 and Gabapentin 400 mg #120 was submitted. As per the 09-02-2015 utilization review, the requests for Norco and Gabapentin were non-certified.

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

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

**Decision rationale:** Review indicates the patient has been receiving Norco since at least 2010 injury year. Recent QME report of July 2015 from examiner recommended discontinuing Norco to be placed on a non-narcotic pain reliever; however, this retired patient continues to be prescribed Norco with current request of #120 non-certified by UR. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status with persistent severe pain for this chronic 2010 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.

**Gabapentin 400mg #120:** 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:** Review indicates the patient has previous EMG/NCV without evidence for radiculopathy and continues to receive Gabapentin since at least 2014. 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 injury in terms of increased ADLs and functional status, decreased pharmacological dosing and medical utilization for this chronic 2010 injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 400mg #120 is not medically necessary and appropriate.