

<b>Case Number:</b>	CM15-0195459		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/08/2007
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: North Carolina, Georgia  
 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:

This injured worker is a 46 year old male, who sustained an industrial injury on 06-08-2007. The injured worker was diagnosed as having chronic foot pain and midfoot arthritis. On medical records dated 07-31-2015 and 06-16-2015, the subjective complaints were noted as ongoing pain and swelling. Objective findings were noted as right ankle pain and foot pain. Ambulates with a slight limp. No pain scale noted on 07-31-2015 and 06-16-2015. Tenderness to palpation of right foot and diffuse swelling was noted. Treatments to date included medication and surgical intervention. The injured worker was noted to be able to return to work on 06-16-2015 to a modified schedule. Current medications were listed as Norco and Gabapentin. The injured worker has been taking Norco and Gabapentin since at least 01-2015. The Utilization Review (UR) was dated 09-03-2015. A Request for Authorization was dated 09-01-2015. The UR submitted for this medical review indicated that the request for Norco 10-325 mg #120 and Neurontin 800mg #90 was 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, criteria for use, 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.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6-month intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.

**Neurontin 800mg #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:** CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. It is not prescribed in the immediate post-operative period and therefore is not medically necessary.