

<b>Case Number:</b>	CM15-0206035		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/21/2012
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: 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 39 year old male, who sustained an industrial injury on 3-21-12. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having chronic pain disorder, possible somatoform disorder versus possible magnification of symptoms, a T11 compression fracture, traumatic brain injury, and cognitive deficits. Treatment to date has included physical therapy, speech therapy, occupational therapy, use of a cane, and medication including Oxycontin, Neurontin, and Norco. On 7-24-15 the treating physician noted the "examinee appears to be fixating on the idea that he has some nerve damage. He was unable to explain to me what nerve he was referring to." The injured worker had been taking Oxycontin since at least November 2014. The injured worker had been taking Norco and Neurontin since at least April 2015. On 7-24-15, the treating physician noted the injured worker complained "of vague symptoms of pain in different body parts. All of them are a number of 7 in terms of severity." The treating physician requested authorization for Norco 10-325mg #150, Neurontin 300mg #90 with 3 refills, and Oxycontin 10mg. On 10-14-15 the requests were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** The requested Norco 10/325mg #150, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has noted the "examinee appears to be fixating on the idea that he has some nerve damage. He was unable to explain to me what nerve he was referring to." The injured worker had been taking Oxycontin since at least November 2014. The injured worker had been taking Norco and Neurontin since at least April 2015. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #150 is not medically necessary.

**Neurontin 300mg #90 with 3 refills:** 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:** The requested Neurontin 300mg #90 with 3 refills, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The treating physician has noted the "examinee appears to be fixating on the idea that he has some nerve damage. He was unable to explain to me what nerve he was referring to." The injured worker had been taking Oxycontin since at least November 2014. The injured worker had been taking Norco and Neurontin since at least April 2015. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Neurontin 300mg #90 with 3 refills is not medically necessary.

**Oxycontin 10mg BID (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

**Decision rationale:** The requested Oxycontin 10mg BID (quantity unspecified), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has noted the "examinee appears to be fixating on the idea that he has some nerve damage. He was unable to explain to me what nerve he was referring to." The injured worker had been taking Oxycontin since at least November 2014. The injured worker had been taking Norco and Neurontin since at least April 2015. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin 10mg BID (quantity unspecified) is not medically necessary.