

<b>Case Number:</b>	CM15-0025523		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	12/07/2011
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 50-year-old male, who sustained an industrial injury on December 7, 2011. The mechanism of injury is unknown. The diagnoses have included sacroiliitis, pain in limb and sprains and strains of lumbar region. Treatment to date has included spinal cord stimulator trial, medications, diagnostic studies, surgery and physical therapy. On December 29, 2014, the injured worker complained of lower back pain with radiation down the left lower extremity with numbness, tingling and weakness. He had difficulty with daily activities including prolonged sitting, standing, walking, squatting, kneeling and stooping. Spasm, tenderness and guarding were noted over the paravertebral muscles of the lumbar spine with decreased range of motion. On January 26, 2015, the injured worker complained of residual pain. He had underwent a five day trial of a spinal cord stimulator. His spinal cord stimulator reduced the pain by 70%, reducing his use of medication at the time. On January 28, 2015, Utilization Review non-certified Neurontin 300mg #90 with 5 refills and Norco 7.5/325mg #60 with 5 refills, but weaning was recommended. The CA MTUS Guidelines were cited. On February 5, 2015, the injured worker submitted an application for Independent Medical Review for review of Neurontin 300mg #90 with 5 refills and Norco 7.5/325mg #60 with 5 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The 50-year-old patient presents with sacroiliitis, pain in limb, and lumbar sprains and strains, as per progress report dated 01/26/15. The request is for NEURONTIN 300 mg # 90 WITH 5 REFILLS. The RFA for this case is dated 01/07/15, and the patient's date of injury is 12/07/11. In progress report dated 01/08/15, the patient presents with radiating pain in the lower back rated at 9/10 without medications. The patient is status post lumbar spine stimulator implant, as per progress report dated 01/05/15, and status post hardware removal of lumbar spine, as per progress report dated 12/29/14. The patient is temporarily totally disabled, as per the same progress report. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." in this case, a prescription of Neurontin was first noted in progress report dated 10/02/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not document its impact on pain and function. Additionally, the patient suffers from sacroiliitis, pain in limb, and lumbar sprains but there is no diagnosis of neuropathic pain for which Gabapentin is indicated. Hence, the request IS NOT medically necessary.

**Norco 7.5/325mg # 60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The 50 year old patient presents with sacroiliitis, pain in limb, and lumbar sprains and strains, as per progress report dated 01/26/15. The request is for NORCO 7.5 / 325 mg # 60 WITH 5 REFILLS. The RFA for this case is dated 01/07/15, and the patient's date of injury is 12/07/11. In progress report dated 01/08/15, the patient presents with radiating pain in the lower back rated ta 9/10 without medications. The patient is status post lumbar spine stimulator implant, as per progress report dated 01/05/15, and status post hardware removal of lumbar spine, as per progress report dated 12/29/14. The patient is temporarily totally disabled, as per progress report dated 12/29/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90

states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 10/02/14, and the patient has been taking the medication consistently at least since then. In progress report dated 12/29/14, the treater states that Norco provides at least 30 -40% reduction in pain with no significant adverse side effects. "The patient notes improved functional capacity with activities of daily living, self grooming, and chores around the house," the treater states. Questioning the patient did not lead to a suspicion of aberrant behavior, as per the report. No CURES and UDS reports are available for review. The treater only provides general statements and does not use a validated scale to demonstrate a measurable increase in function. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.