

<b>Case Number:</b>	CM15-0213630		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 was a 54 year old female, who sustained an industrial injury, May 10, 2010. The injured worker was undergoing treatment for spasm of muscle, lumbar facet syndrome, lumbar degenerative disc disease, low back pain, gout with other manifestations, shoulder pain, elbow pain, hand pain, lumbar disc displacement without myelopathy and lateral epicondylitis. According to progress note of October 6, 2015, the injured worker's chief complaint was neck, lower back and right upper extremity pain. The injured worker rated the pain with Norco at 5 out of 10. The pain was rated at 9 out of 10 without pain medications. The injured worker reported to have poor quality of sleep which was worse without Neurontin. The injured worker continues with home exercise program, however felt land therapy was not as effective as water therapy. The objective examination of the lumbar spine noted restricted range of motion with flexion was limited to 80 degrees and extension was limited to 10 degrees due to pain. There was paravertebral muscles tenderness with palpation and tight muscle bands on the left side. The lumbar facet loading was positive on the right side. There was tenderness with palpation over the sacroiliac joint with palpation. There was tenderness with palpation over the right facet joints and sacrum at L3, L4, L5 and S1. The right shoulder had restriction of motion due to pain. The Hawkin's test was positive. The empty can test was positive. The lift test was positive. There was tenderness with palpation in the acromioclavicular joint and biceps. The right wrist exam noted restricted range of motion with pain. The Phalen's sign was positive. Tinel's sign was positive. There was tenderness with palpation over the radial side and ulnar side. The injured worker previously received the following treatments Celebrex, Norco since April 9, 2015, Venlafaxine,

3 medial branch blocks, Lorzone since April 9 and 2015, Neurontin since April 9, 2015. The RFA (request for authorization) dated October 6, 2015; the following treatments were requested prescriptions for Lorzone 750mg 2 times daily #60 and Norco10-325mg 2 times daily as needed for pain #50 and a modified prescription for Neurontin 3 times daily #90. The UR (utilization review board) denied certification on October 13, 2015; for prescriptions for Lorzone 750mg 2 times daily #60 and Norco10-325mg 2 times daily as needed for pain #50 and a modified prescription for Neurontin 3 times daily #90.

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

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

**Neurontin 300mg (quantity unspecified): 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:** Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, Neurontin is indicated for diabetic painful neuropathy and postherpetic neuralgia and is considered first line treatment for neuropathic pain. Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, 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. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the exam note from 10/6/15 does not demonstrate evidence of diabetic painful neuropathy and postherpetic neuralgia. There is no demonstration of percentage of relief, the duration of relief, increase in function or increased activity. Therefore medical necessity has not been established, and determination is not medically necessary.

**Norco 10/325mg (quantity unspecified): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have

at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 10/6/15. Therefore the determination is not medically necessary.

**Lorzone 750mg (quantity unspecified): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Lorzone® (chlorzoxazone).

**Decision rationale:** Per ODG Pain / Lorzone (chlorzoxazone): "Not recommended. According to the manufacturer, the brand Lorzone is an available form of Chlorzoxazone. (Vertical, 2014) According to the FDA Orange Book, Lorzone is not listed as an approved product. (FDA, 2014) See the Chlorzoxazone listing in Muscle relaxants (for pain) for other options. Generic chlorzoxazone is recommended for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP." In this case the use of Lorzone is not recommended per ODG guidelines so the recommendation is not medically necessary.