

<b>Case Number:</b>	CM15-0057029		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, North Carolina  
 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:

The injured worker is a 60-year-old female who sustained a work related injury March 18, 2002. She slipped and fell backwards on oil, landing on her back and twisting her knee (not specified). Past history included anxiety and depression as a result of industrial injury, s/p spinal fusion with cage placement L3-L4 2008, right knee surgery, 1995 (non-industrial). According to a primary treating physician's initial evaluation, dated February 13, 2015, the injured worker presented with chronic pain to her lower back, muscle spasms, and pain, which radiates to her right leg. She also complains of swelling and instability of the right knee. Impression included s/p BAK cage placement L3-L4 with ongoing back pain and worsening radicular symptoms, right leg; history of right knee injury, sprain/strain with degenerative joint disease. Treatment plan included medications, urine drug screen performed, and MRI lumbar spine and right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 18.

**Decision rationale:** The request is for Gabapentin 300 mg for chronic low back and knee pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered first-line treatment for neuropathic pain. The knee pain has not been demonstrated to be neuropathic based on the clinical records. The Neurontin was first prescribed on 2/202013 and according to the records has been ineffective in reducing the patient's pain. There is no documentation of functional benefit with previous use. In fact, the pain has worsened so the recommendation is that the patient should be weaned from the medication and then discontinued. This request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** The request is for Norco for treatment of chronic back/knee pain. The MTUS states that the uses of opioids have limited use and efficacy beyond 16 weeks. This patient's injury was in 2013. Ongoing management of opioids includes documentation of pain relief, functional status, and appropriate medication usage, none of which are documented in the medical records submitted. Opioids should be discontinued in cases where no overall improvement in functional status results. This request is deemed not medically necessary.