

<b>Case Number:</b>	CM15-0059646		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/26/2006
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 57-year-old female, who sustained an industrial injury on 9/26/06. She reported low back pain and right greater than left leg pain. The injured worker was diagnosed as having lumbar spine musculoligamentous sprain/strain, lower extremity radiculitis, left ankle sprain, cervical spine musculoligamentous sprain/strain, bilateral forearm and wrist flexor and extensor tenosynovitis, bilateral carpal tunnel syndrome, and bilateral wrist sprain. Treatment to date has included interferential stimulation, epidural steroid injections, physical therapy, and chiropractic treatment. The injured worker also underwent left knee arthroscopy including medial meniscectomy, synovectomy, and chondroplasty. An electromyogram/nerve conduction velocity revealed right S1 radiculopathy. The treating physician requested authorization for Norco 10/325mg #120, Fexmid 7.5mg #60, and Neurontin 300mg #60. A physician's report noted the injured worker was in constant pain. No further rationale was noted in the provided documentation.

### 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 Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbar sprain; and thoracic or lumbosacral neuritis or radiculitis. Medical record contains 61 pages. There are no physician progress notes in the medical record. A vocational evaluation report dated October 23, 2014 is present in the medical record. The vocational report indicates the injured worker was taking Naprosyn, Lyrica and bupropion. The documentation did not contain documentation of Norco, Flexeril for Neurontin. A prescription dated December 2, 2014 by the treating orthopedist is in the medical record. However, there is no physician documentation with a clinical indication or rationale to support the use of Norco. Consequently, absent clinical documentation with a clinical indication/rationale for Norco, Norco 10/325 mg #120 is not medically necessary.

**Fexmid 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid (Flexeril) 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar sprain; and thoracic or lumbosacral neuritis or radiculitis. Medical record contains 61 pages. There are no physician progress notes in the medical record. A vocational evaluation report dated October 23, 2014 is present in the medical record. The vocational report indicates the injured worker was taking Naprosyn, Lyrica and bupropion. The documentation did not contain documentation of Norco, Flexeril for Neurontin.

A prescription dated December 2, 2014 by the treating orthopedist is in the medical record. However, there is no physician documentation with a clinical indication or rationale to support the use of Fexmid. Consequently, absent clinical documentation with a clinical indication/rationale for Fexmid, Fexmid 7.5mg #60 is not medically necessary.

**Neurontin 300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Neurontin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 300 mg #60 is not medically necessary. Neurontin is recommended for some neuropathic pain conditions in fibromyalgia. Neurontin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Neurontin is an anti-epilepsy drug (AED). Neurontin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are lumbar sprain; and thoracic or lumbosacral neuritis or radiculitis. Medical record contains 61 pages. There are no physician progress notes in the medical record. A vocational evaluation report dated October 23, 2014 is present in the medical record. The vocational report indicates the injured worker was taking Naprosyn, Lyrica and Bupropion. The documentation did not contain documentation of Norco, Flexeril for Neurontin. A prescription dated December 2, 2014 by the treating orthopedist is in the medical record. However, there is no physician documentation with a clinical indication or rationale to support the use of Neurontin. Consequently, absent clinical documentation with a clinical indication/rationale for Neurontin, Neurontin 300mg #60 is not medically necessary.