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| <b>Case Number:</b>   | CM15-0084228 |                              |            |
| <b>Date Assigned:</b> | 05/06/2015   | <b>Date of Injury:</b>       | 07/31/1991 |
| <b>Decision Date:</b> | 06/09/2015   | <b>UR Denial Date:</b>       | 04/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/01/2015 |

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old male, who sustained an industrial injury on July 31, 1991. He reported low back pain. The injured worker was diagnosed as having failed back syndrome, right lumbar radiculopathy, sacroiliitis, right side greater than left, status post spinal cord implant removal and allergic contact dermatitis to Masticol. Treatment to date has included diagnostic studies, laboratory studies, spinal cord stimulator placement, physical therapy, acupuncture, chiropractic care, medications and work restrictions. Currently, the injured worker complains of low back pain radiating down the right lower extremity with associated tingling, weakness and numbness. He reported no symptoms on the left lower extremity. The injured worker reported an industrial injury in 1991, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 24, 2015, revealed continued pain with associated radicular symptoms to the right lower extremities. He was prescribed medications. It was noted he had failed multiple conservative therapies. Urinary drug screen from July, 2014, was noted as appropriate. Evaluation on March 24, 2015, revealed severe tenderness of the lumbar spine. Magnetic resonance imaging from March 16, 2015, revealed degenerative disc disease, facet arthropathy with retrolisthesis and post-operative changes as well as foraminal narrowing and canal stenosis. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CM1-Gabapentin 10%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The requested medication is a compound containing a medication in the anti-seizure class. The MTUS Guidelines do not recommend topical gabapentin because there is no literature to support its use. There was no discussion describing special circumstances that sufficiently supported this request. Further, an indefinite supply would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of "CM-1 - gabapentin 10%" is not medically necessary.

**Norco 10/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing lower back pain that went into the right leg with numbness and tingling. The recorded pain assessments were minimal and contained few of the elements suggested by the Guidelines. There was no discussion detailing how this medication improved the worker's function, describing how often the medication was needed and used by the worker, exploring the potential negative side effects, or providing an individualized risk assessment. In the absence of such evidence, the current request for 90 tablets of Norco (hydrocodone with acetaminophen)

10/325mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.