

<b>Case Number:</b>	CM14-0119331		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/03/2007
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46 year old female who was injured on 04/03/2007. The mechanism of injury is unknown. Prior treatment history has included steroid injections with no relief. Prior medication history included Norco, Omeprazole, Atorvastatin, Colace, Fanatrex and Lisinopril as of 08/01/2013. Progress report dated 03/26/2014 documented the patient to have complaints of lumbar pain. On exam, she is noted to have loss of range of motion. She is diagnosed with lumbosacral radiculopathy. Her treatment plan included Neurontin 300 mg, Prozac 40 mg, and Norco 7.5/325 mg. Prior utilization review dated 07/03/2014 states the request for Neurontin, 300 mg #45 between 4/30/2014 and 8/29/2014 is denied as there is no documented evidence to support the request; and Norco 7.5/325mg #12 between 4/30/2014 and 8/29/2014 is denied as there is no documented functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin, 300 mg #45 between 4/30/2014 and 8/29/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs :Gabapentin Page(s): 49.

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

**Decision rationale:** According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Any other indication is considered off-label. In this case, the IW has been diagnosed with lumbar radiculopathy and been taking Gabapentin. However, there is no documentation of any significant improvement in pain level or function with continuous use. As such, the medical necessity of Gabapentin has not been established under the guidelines.

**Norco 7.5/325mg #12 between 4/30/2014 and 8/29/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 74-96.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as NSAIDs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is no documentation of any significant improvement in pain level or function with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.