

<b>Case Number:</b>	CM14-0123660		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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, has a subspecialty in Interventional Spine 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 40 year old male with an injury date of 08/27/10. Based on the 06/04/14 progress report provided by [REDACTED], the patient complains of neck pain that radiates down his arms and low back pain at the lumbo-sacral spine. Physical examination to the lumbar spine reveals pain and tenderness to palpation of the paralumbar muscles, particularly the lower region, as well as the L5 distribution. Range of motion is markedly limited on extension. His pain is rated 7/10 with medications and 10/10 without. His current medications include Norco and Gabapentin. Routine urine drug screens are performed. Treating physician states higher dose of Gabapentin is prescribed for patient's increase in burning pain. Per progress report dated 05/08/14, it is stated that patient had a transforaminal epidural steroid injection at L5. Physical exam on 05/08/14 shows that Kemp's and Faber tests were positive bilaterally and straight leg raise was positive on the left. Patient is temporarily totally disabled. Diagnosis 06/04/14: lumbago, low back pain; cervical pain, cervicalgia; myofascial pain syndrome/fibromyalgia; encounter long-rx use nec. Diagnosis 05/08/14: cervical, thoracic and lumbar myoligamentous sprain/strain; C5-C6 cervical disc herniation; right brachial radiculitis; lumbar disk protrusion; left sciatic radiculitis; bilateral patellofemoral syndrome. The utilization review determination being challenged is dated 07/02/14. The rationale follows: 1) Norco 10/325mg #180: "no clear quantified benefit and patient not working, modified to #120." 2) Gabapentin 100mg #60: "dosage less than typical 300mg. Medical necessity and efficacy not documented." 3) Lumbar Epidural Steroid Injection S1+2: "patient had previous epidurals and results have not been sufficient to warrant more procedures." [REDACTED] is the requesting provider, and he provided treatment reports from 04/09/14 - 08/21/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60 61.

**Decision rationale:** The patient presents with neck and low back pain. The request is for Norco 10/325mg #180. His pain is rated 7/10 with medications and 10/10 without. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician states that routine urine drug screens are performed and that pain decreases to 7/10 from 10/10 with medications; however, the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is that the request is not medically necessary.

**Gabapentin 100mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

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

**Decision rationale:** The patient presents with neck and low back pain. The request is for Gabapentin 100mg #60. His diagnosis includes right brachial radiculitis, lumbar disk protrusion, left sciatic radiculitis and myofascial pain syndrome/ fibromyalgia. His pain is rated 7/10 with medications and 10/10 without. MTUS page 18, 19 states "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Side-Effect Profile: Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated." Per progress report dated 06/04/14, medications which included Gabapentin, provided pain relief for patient's radicular symptoms. Gabapentin has a favorable side effect profile per MTUS and the request is reasonable. Recommendation is that the request is medically necessary.

**Lumbar Epidural Steroid Injection S1 x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs Page(s): 46, 47.

**Decision rationale:** The patient presents with low back pain. The request is for Lumbar Epidural Steroid Injection S1 x 2. His diagnosis includes lumbar disk protrusion, left sciatic radiculitis and myofascial pain syndrome/ fibromyalgia. MTUS has the following criteria regarding ESI's, under its chronic pain section: page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," In this case, the treating physician indicates that the patient has had an ESI in the past but does not discuss how the patient responded. MTUS requires documentation of pain and functional improvement for repeat injections. Furthermore, radicular symptoms are not well described, although examination shows nerve root irritation. MRI findings are not discussed either to corroborate any radiculopathy. Recommendation is that the request is not medically necessary.