

<b>Case Number:</b>	CM14-0129536		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	08/10/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old male who reported an injury on 08/10/2006 due to an unspecified mechanism of injury. The injured worker had a history of lower back pain that radiated to the lower left extremity. The injured worker had diagnoses of osteoarthritis of the hip, displacement of lumbar intervertebral disc without myelopathy, enthesopathy of the hip region, degeneration of the lumbar vertebral disc. The past treatments included medication, physical therapy, and functional restoration program. The medications included Etodolac 300 mg, gabapentin 300 mg, and Norco 10/325 mg with a reported 7/10 pain using the VAS. The neurological exam revealed normal mood and affect and awake, alert and oriented to time, place and person. The injured worker had a general appearance of healthy appearing, well nourished and well developed. Level of distress revealed no acute distress. Prior surgeries included a left hip replacement. The request for authorization dated 09/21/2013 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Etodolac 300mg # 30 Refill: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-PAIN (CHRONIC).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www. Medicine.net.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The guidelines indicate non-steroidal anti-inflammatory drugs should be used for shortest duration of time and the lowest effective dose. Functional improvement and any objective decrease in pain should be documented. www.Medicationnet.com indicate that the Etodolac (Lodine) has been discontinued. The request did not indicate the frequency. As such, the request is not medically necessary.

**Norco 10/325mg # 90 Refill: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker should be weaned off the Norco as indicated in prior requests. The physical examination of the lumbar spine was vague and unable for reviewer to make a determination. The request did not indicate the frequency. As such, the request is not medically necessary.

**Gabapentin 300mg #30 Refill:1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines specific drug list, Gabapentin Page(s): 16.

**Decision rationale:** The California MTUS guidelines indicate that Gabapentin is 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. The clinical notes did not indicate that the injured worker had a diagnoses or history of diabetic painful neuropathy or postherpetic neuralgia. The request did not indicate the frequency. As such, the request is not medically necessary.