

<b>Case Number:</b>	CM14-0142736		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/23/2002
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 68 year old female with a work injury dated 8/23/02. The diagnoses include lumbar spondylosis; sacroilitis. Under consideration is a request for Norco 10/325mg #120; Gabapentin 300mg #60; Colace 100mg #90. There is a primary treating physician report dated 6/4/14 that states that the patient's pain has been improved by 50% but the function is worse. The patient reports constipation. The last CURES, pill count, and urine drug screen were appropriate. There is decreased and painful lumbar range of motion. There is a positive left straight leg raise. There is weakness in the left hip abduction and left ankle dorsiflexion. Sensation is abnormal in the L5 distribution. The left lumbar paraspinals are tender. The plan includes continue opioids; start Neurontin. Per documentation, an August 5, 2014, progress note states that the patient has increased sacral pain. On exam the Patrick's test is positive bilaterally. Reverse Thomas test is positive bilaterally. The patient has pain with lumbar range of motion. There is tenderness to palpation over the lumbar facet joints.

### 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 Page(s): 76-80. Decision based on Non-MTUS Citation 9792.20. Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement)

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not support continuing opioids without improvement in function or pain. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is no indication that the medication has improved patient's pain or functioning to a significant degree; therefore, Norco 10/325mg #120 is not medically necessary.

**Gabapentin 300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that after initiating an antiepileptic medication such as Gabapentin which can be used for neuropathic pain that there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The documentation indicates that Gabapentin was initiated on 6/4/14 and the subsequent documentation does not indicate documentation of pain relief or functional improvement. The request for Gabapentin 300mg #60 is not medically necessary.

**Colace 100mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** The MTUS guidelines state that when initiating opioid therapy the prophylactic treatment of constipation should be initiated. It was determined elsewhere in this review that opioids were not medically necessary; therefore, the request for Colace 100mg #90 is not medically necessary.