

<b>Case Number:</b>	CM14-0148982		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/16/1998
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 59 year old male who was injured on 07/16/1998. The mechanism of injury is unknown. Prior medication history included Flector patch, Voltaren 1%, Norco 5/325 mg and Neurontin 300 mg. RFA dated 07/30/2014 states the patient presented with complaints of neck pain rated as 6/10. He reported his opioid medication aids with sitting tolerance, standing, walking, and household chores by 40%. On exam, there is tenderness to palpation in the cervical paravertebral region on the right side at the C1-C2, C2-C3, and C5-C6 level. The patient is diagnosed with cervical radiculopathy and has been recommended to continue Norco 5/325 mg with 1 refill and Neurontin 300 mg with 1 refill. Prior utilization review by Dr. Caringi dated 08/14/2014 states the request for Norco 5/325mg #60 with 1 refill and Neurontin 300mg #30 with 1 refill not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity of this request has not been established. Weaning is advised to avoid withdrawal symptoms.

**Neurontin 300mg #30 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); anti-convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16--20.

**Decision rationale:** Gabapentin (Neurontin) is an anticonvulsant. According to the California MTUS guidelines, anticonvulsant has been considered as a first-line treatment for neuropathic pain. Given the patient has diagnosis of cervical radiculopathy that can cause neuropathic pain, the request is medically necessary according to the guidelines.