

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0149952 |                              |            |
| <b>Date Assigned:</b> | 09/19/2014   | <b>Date of Injury:</b>       | 09/28/2011 |
| <b>Decision Date:</b> | 10/17/2014   | <b>UR Denial Date:</b>       | 09/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/15/2014 |

### 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 Occupational Medicine 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:

This 51 year old patient had a date of injury on 9/28/2011. The mechanism of injury was not noted. In a progress noted dated 8/26/2014, the patient complains of neck pain which is not radiating. Previous injections helped significantly and medications are helping a lot. On a physical exam dated 8/26/2014, there is tenderness of the paracervicals and the trapezius, and pain is elicited by motion. The diagnostic impression shows degeneration of the cervical intervertebral disc, post poliomyelitis syndrome, chronic pain syndrome. Treatment to date: medication therapy, behavioral modification. A UR decision dated 9/9/2014 denied the request for Neurontin 600mg tablet ER #30 x6, stating there is no documentation or exam findings consistent with a diagnosis of neuropathic pain. Percocet 10/325 #60 was denied, stating that there is no objective functional benefit resulting from Percocet, and there is no discussion regarding the frequency at which this patient is using Percocet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GRATISE 600MG TABLET, EXTENDED RELEASE, #30 WITH 6 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI CONVULSANTS Page(s): 49.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, states that Gabapentin (Gralise) has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In a progress note dated 8/26/2014, the patient has pain in the neck, but states that it is not radiating. This finding is therefore inconsistent with neuropathic pain. Therefore, the request for Gralise 600mg ER #30x3 was not medically necessary.

**PERCOCET 10/325MG #60, WITH 0 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the 8/26/2014 progress report, there were no objective functional improvements documented from the opioid regimen. Furthermore, there was no evidence of urine drug screens provided for review. Therefore, the request for Percocet 10/325 #60 was not medically necessary.