

<b>Case Number:</b>	CM14-0150784		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/27/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 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 42-year-old male who reported an injury on 06/27/2013 due to an unknown mechanism of injury. The injured worker's treatment history included lumbar laminectomy at L5-S1, followed by postsurgical physical therapy. The injured worker continued to have chronic pain managed with multiple medications to include Ultram and cyclobenzaprine. The injured worker was evaluated on 08/12/2014. It was noted that the injured worker had increasing low back pain relieved by the use of gabapentin. Physical findings included tenderness to palpation of the lumbar paraspinal musculature with limited range of motion secondary to pain and a mildly positive straight leg raising test bilaterally. It was noted that a refill of diclofenac and Vicoprofen was provided and a prescription for gabapentin with 1 refill was provided. It was noted that the injured worker's dosage of gabapentin was reduced to accommodate side effects. No Request for Authorization form was submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VICOPROFEN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Page(s): 78.

**Decision rationale:** California Medical Treatment Utilization Schedule does recommend the use of short acting opioids for acute pain. The clinical documentation does indicate that the injured worker was experiencing an acute exacerbation of chronic pain. The injured worker's treatment history does not clearly reflect the use of this medication. It is noted within the 08/12/2014 chart note that this was a medication refill. California Medical Treatment Utilization Schedule recommends ongoing opioid usage be supported by documented functional benefit, evidence of pain relief, evidence that the injured worker is monitored for aberrant behavior and evidence of managed side effects. The clinical documentation does not adequately address the injured worker's functional increases or pain relief resulting from the use of this medication. There is no documentation that the injured worker is regularly monitored for aberrant behavior. Furthermore, the request, as it is submitted, does not clearly identify a dosage, frequency, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Vicoprofen is not medically necessary or appropriate.

**GABAPENTIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics (AEDs),.

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the ongoing use of anti-epileptics be supported by at least 30 to 50% pain relief with documented functional improvement. The clinical documentation submitted for review does not provide an adequate assessment of pain relief or functional improvement to support ongoing use of this medication. Furthermore, the request, as it is submitted, does not clearly identify a dosage, frequency, or quantity. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested gabapentin is not medically necessary or appropriate.