

<b>Case Number:</b>	CM14-0182991		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/15/2002
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Pain Management 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 is a male patient with the date of injury of October 15, 2002. A Utilization Review dated October 22, 2014 recommended non-certification of 1 prescription of Norco 10/325 mg #140 and 1 prescription of Protonix 40 mg #60 and modification of 1 prescription of Neurontin 800 mg #120 to 1 prescription of Neurontin 800 mg #90. A PR-2 Report dated October 6, 2014 identifies Present Complaints of constant back pain, burning pain in both legs, heavy numb sensation in his left leg. Physical Examination identifies back exam reveals limited range. He reports altered sensory loss to light touch and pinprick in the left lateral calf and bottom of his foot. Palpation reveals muscle rigidity in the lumbar trunk suggesting muscle spasm. Impression identifies status post artificial disc placed at L1-L2, history of gastroparesis, history of umbilical hernia, history of neurogenic bladder, intermittent back spasms, dyspepsia from medications prescribed stable with Protonix, and hypogonadism from narcotic use. Treatment Plan identifies refilled Norco 10/325 mg tabs, 1 tablet q. 4-6 hours prn pain 140 tablets, Neurontin 800 mg 4 times daily for neuropathic pain, 120, and Protonix 40 mg twice daily for dyspepsia from medications prescribed. He reports 50% reduction in his pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #140:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the medications are noted to reduce the patient's pain and improve function. However, there is no discussion regarding aberrant use, and sparse documentation about side effects. A one month prescription should be sufficient to allow the requesting physician time to better document those things. As such, the currently requested Norco (hydrocodone/acetaminophen) is medically necessary.

**Neurontin 800mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, 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. Within the documentation available for review, the medications are noted to reduce the patient's pain and improve function. However, there is no discussion regarding side effects from this medication. A one month prescription should be sufficient to allow the requesting physician time to provide better documentation. As such, the currently requested gabapentin (Neurontin) is medically necessary.

**Protonix 40mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for pantoprazole (Protonix), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Additionally, ODG recommends Nexium, Protonix, Dexilant, and AcipHex for use as 2nd line agents, after failure of omeprazole or lansoprazole. Within the documentation available for review, there is documentation of dyspepsia from medications. However, there is no indication that the patient has failed first-line agents prior to initiating treatment with pantoprazole (a 2nd line proton pump inhibitor). In the absence of clarity regarding this issue, the currently requested pantoprazole is not medically necessary.