

<b>Case Number:</b>	CM14-0097328		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	05/16/2011
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 59 year old male who was injured at work on 05/16/2011. He complains of lower back pain that shoots down his left leg. The pain is associated with tingling and numbness. Physical examination revealed broad based gait limited lumbar range of motion; paraspinal tenderness; positive straight leg raise in his left leg, as well as diminished sensations IN his L5-S1 dermatome, weakness of the left foot flexor and extensor, difficulty walking on toes and heels due to pain. Available records indicate he has been on Neurontin, Prilosec and Norco by 14/10/2013. He has been diagnosed of sprain lumbar region, sprain thoracic region, lumbosacral neuritis, thoracic/lumbar disc displacement; lumbar facet syndrome, disc annular tear. Treatment has included bilateral L3-L5 facet injections; bilateral L3-L5 rhizotomy; aquatic therapy, and cold/hot unit. At dispute are the requests for Norco 5/325mg #60; Axid 150mg #60; Neurontin 600mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** The injured worker sustained a work related injury on 05/16/2011. The medical records provided indicate the diagnosis of sprain Lumbar region, sprain thoracic region, Lumbosacral Neuritis, Thoracic/ Lumbar disc displacement; Lumbar facet syndrome, Disc annular tear. Treatments have included bilateral L3-L5 Facet injections; Bilateral L3-L5 rhizotomy; aquatic therapy, Cold/Hot unit, Norco 5/325mg; Prilosec; and Neurontin. The medical records provided for review do not indicate a medical necessity for Norco. The MTUS does not recommend giving opiates beyond 16 weeks; however, when used for a long time, the MTUS recommends documentation of pain and functional improvement and comparing with baseline, document adverse effects. Furthermore, the MTUS recommends provision opioid pain treatment agreement, to continue Opioids: (a) If the patient has returned to work(b) If the patient has improved functioning and pain. The records reviewed did not provide enough information concerning the recommended procedures as mentioned by the MTUS. The available records revealed that the injured worker has been on this medication for more than a year, but has no documented evidence of functional improvement, pain control or less need for medications. Therefore, this drug is not medically necessary.

**Axid 150mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** The injured worker sustained a work related injury on 05/16/2011. The medical records provided indicate the diagnosis of sprain lumbar region, sprain thoracic region, lumbosacral neuritis, thoracic/ lumbar disc displacement; lumbar facet syndrome, disc annular tear. Treatments have included bilateral l3-l5 facet injections; bilateral L3-L5 rhizotomy; aquatic therapy, Cold/Hot unit, Norco 5/325mg; Prilosec (a proton pump inhibitor); and Neurontin. The medical records provided for review do not indicate a medical necessity for Axid 150mg # 60. Axid (Nizatidine) is an H-2 Receptor antagonist, which like the proton pump inhibitors are recommended for treatment of Dyspepsia, or prevention or control of gastrointestinal side effects of Non-steroidal anti-inflammatory drugs in those at high GI risk using them for treatment of chronic pain. There is no evidence the injured worker is on Non-steroidal anti-inflammatory drug; therefore, any use of Axid or any other medication in its group is not related to chronic pain treatment. Therefore, this request is not medically necessary.

**Neurontin 600mg # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants and Antiepilepsy drugs Page(s): 16-22.

**Decision rationale:** The injured worker sustained a work related injury on 05/16/2011. The medical records provided indicate the diagnosis of sprain lumbar region, sprain thoracic region, lumbosacral neuritis, thoracic/ lumbar disc displacement; lumbar facet syndrome, disc annular tear. Treatments have included bilateral L3-L5 facet injections; bilateral L3-L5 rhizotomy; aquatic therapy, Cold/Hot unit, Norco 5/325mg; Prilosec; and Neurontin. The medical records provided for review do not indicate a medical necessity for Neurontin (Gabapentin) 600mg # 30. The records revealed the injured worker has been on this drug for more than one year; but there was no evidence his pain control improved by up to 30% from this drug. The MTUS recommends continuing the anticonvulsants if they provide a documented decrease in pain by 30% or more. Therefore, this request is not medically necessary.