

<b>Case Number:</b>	CM14-0212787		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 31, 2014. In a Utilization Review Report dated December 16, 2014, the claims administrator denied request for Norco (hydrocodone-acetaminophen) and partially approved a request for Neurontin (gabapentin). The applicant's attorney subsequently appealed. In a November 6, 2014 progress note, the applicant reported persistent complaints of low back pain status post multilevel lumbar spine surgery. The applicant reported heightened complaints of low back pain radiating into the leg. The applicant reported difficulty using activities of daily living as basic as walking. The applicant was using a cane to move about and also reported difficulty with bending activities. Neurontin, Prozac, and Norco were all apparently renewed. The attending provider stated that the applicant had had extensive physical therapy, was not interested in further spine surgery, did not presently want a spinal cord stimulator, though was intent on enrolling in a functional restoration program. Some portions of the attending provider's progress note stated that the applicant was currently using gabapentin for pain relief, while the bottom of the report suggested that the applicant was asked to try gabapentin to help with her heightened radicular pain complaints for the first time on this date. In an October 6, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into left leg. The applicant was having difficulty doing household chores as basic as cooking, washing dishes, cleaning, standing, walking, and bending. Prozac and Norco were endorsed. There was no mention of the applicant's using gabapentin on this date. Similarly, the applicant's medication list reportedly

included Norco and Prozac as of September 4, 2014. Permanent work restrictions were renewed on that date. The applicant did not appear to be working.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone/APAP 10-325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. A rather proscriptive 10-pound lifting limitation remains in place, seemingly unchanged from visit to visit. The November 6, 2014 progress note suggested that the applicant was having heightened pain complaints and was having difficulty performing activities of daily living as basic, as standing, walking, and other household chores such as cleaning and cooking. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

**Gabapentin 600mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Pain Mechanisms Page(s): 49, 3.

**Decision rationale:** As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, an anticonvulsant adjuvant medication, is considered a first-line treatment for neuropathic pain which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by lancinating, electric shock like, numbing, tingling, and/or burning sensation. Here, the applicant did report heightened complaints of low back pain radiating into bilateral lower extremities on the November 6, 2014 progress note on which gabapentin was seemingly sought for the first time. Introduction of gabapentin was indicated on that date to combat the applicant's flare and radicular pain complaints. Therefore, the request was medically necessary.