

Case Number:	CM14-0217345		
Date Assigned:	01/06/2015	Date of Injury:	05/29/1990
Decision Date:	02/28/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/24/2014

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: 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:

This is a 69 year old female with an injury date of 05/29/1990. The mechanism of injury is not documented. Progress notes and request for authorization are available however they provide limited information. On 05/17/2014 progress note stated the injured worker (IW) did not want to do PT at that time. On 08/13/2014 progress note stated to stop Neurontin and start Lyrica. In the pain assessment section of the progress note the "yes" boxes are checked for neck and lower back pain, however there is no description of the pain. Mid anterior thigh, mid lateral calf, lateral ankle light touch sensation are documented as all intact. On 11/21/2014 progress note states Lyrica did not work and a request for Neurontin was made. There is a drug screen with the submitted records dated 05/23/2014. The following consults are noted in the submitted medical records: Internal Medicine, Psyche, Pain Medicine, Rheumatology, Urology, Cardiology, Orthopedics
Diagnoses included: Status post cervical spine fusion surgery, Status post lumbar spine surgery, Right hip replacement, Fibromyalgia. On 11/17/2014 the provider requested Norco 10/325 mg # 90 and Neurontin 300 mg # 30 times 2. On 12/10/2014 utilization review issued the following decision: Norco was modified to Norco 10/325 # 30 stating the subjective complaints are not legible and there are no objective findings. The doctor has not provided the severity or the frequency of the pain. MTUS guidelines were cited with the following notation: "The doctor should be monitoring the four A's including analgesic effect, activities of daily living, adverse side effects and aberrant drug taking behaviors. The doctor has not documented any of this with the use of Norco. He has not documented the presence of a narcotic contract or urine drug screening. The medication should not be stopped abruptly and as

a result 30 tablets are recommended for weaning". Guidelines cited were CA MTUS 9792.24.2 Chronic Pain Medical Treatment Guidelines. Neurontin was modified to 300 mg # 15 stating the subjective complaints are not legible. There are no objective findings noted. "In this case the doctor provides a diagnosis of fibromyalgia but there is no subjective or objective information to support that diagnosis. As there is no clear rationale for its use and no information to support its use the medication is not medically necessary and non-certification is recommended. 15 tablets for weaning are recommended." Guidelines cited were CA MTUS 9792.24.2 Chronic Pain Medical Treatment Guidelines. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 49, Chronic Pain Treatment Guidelines Opioids, Medications for chronic pain, Antidepressants for chronic pain, Anti-epilepsy drugs (t.

Decision rationale: Norco is a mixed medication made up of the opioid, hydrocodone, and acetaminophen, better known as tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is usually 60mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly addresses this issue and has a number of recommendations to identify and prevent the significant problems of drug-related morbidity or mortality from occurring. The patient's provider has not documented that he is following these guidelines, however. The risk to the patient is real. Medical necessity for continued chronic opioid therapy has not been established.

Neurontin 300mg quantity 30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): (s) 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications Page(s): 13-4, 16-9, 49, 113.

Decision rationale: Gabapentin (Neurontin) is classified as an anti-epileptic and analgesic medication indicated for treatment of seizures and as a first line treatment option for neuropathic

pain (eg: diabetic neuropathy, post-herpetic neuralgia, and central neuropathic pain). Its use in patients with fibromyalgia has been given some support in the literature and the MTUS recommends a trial of this medication be given. This patient was on Neurontin prior to her trial with Lyrica but its effectiveness was not commented on in the records available for review. It must be assumed this medication was helpful in the past or the provider would not want to restart it. The patient is experiencing both neuropathic pain and pain from fibromyalgia so a trial use of this medication is appropriated based on her diagnoses.