

<b>Case Number:</b>	CM14-0061129		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/29/2007
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54 year old male, who sustained an industrial injury on 1/29/2007. Diagnoses include failed low back pain surgery syndrome, left sided lumbar radiculopathy in the S1 distribution, painful hardware, myofascial pain syndrome, and piriformis pain radiating down the posterior right thigh. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), surgical intervention (L4-5 posterior fusion undated) and medications. Per the Primary Treating Physician's Progress Report dated 3/26/2014, the injured worker reported low back pain with radiation to the bilateral buttocks and bilateral lower legs. There is right buttock to back right thigh pressure and cramping. He reports tenderness on the tail bone. Pain without medication is rated as 7-8/10 and with medication is rated as 4-5/10. Physical examination of the lumbar spine revealed moderate tenderness to palpation and tightness over paraspinal musculature from L2-L4 extending to bilateral sacroiliac (SI) joints. There was severe tenderness to palpation and spasm of right buttock and right posterior thigh. He was unable to lie down or perform range of motion due to spasm. The plan of care included medications and physical therapy and authorization was requested for Norco 10/325mg #168, Gabapentin 300mg #120 and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #168 with 3 refills:** 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): 79.

**Decision rationale:** Norco 10/325mg # 168 with 3 refills is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.

**Gabapentin 300mg #120 with 3 refills:** 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-convulsants Page(s): 111-112.

**Decision rationale:** Gabapentin 300mg # 120 with 3 refills is not medically necessary. Ca MTUS 17-19 Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. Additionally, Per MTUS One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on his most recent office visit; therefore, the requested medication is not medically necessary.