

<b>Case Number:</b>	CM14-0074061		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/04/1986
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 56 year old male, who sustained an industrial injury on 2/4/86. The injured worker has complaints of left foot and knee pain. The diagnoses have included chronic pain syndrome; partial left foot/leg amputation and left knee fusion. Treatment to date has included testosterone; methadone; axiron; Prilosec; norco; braces/casts; transcutaneous electrical nerve stimulation unit and exercise program. The request was for 1 prescription of gabapentin 400mg; 1 prescription of norco 10/325mg and 1 prescription of axiron 30mg/1.5ml.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Gabapentin 400mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 400 mg is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured workers working diagnoses are chronic pain syndrome; partial left leg/foot amputation; left knee fusions/low testosterone. Subjectively, according to a progress note dated May 7, 2014, the injured worker has complaints of chronic pain control pain medications and returns for refills. There are no specific subjective complaints documented objectively, left leg surgery scar and partial left foot amputation. There are no specific objective findings noted. There are no neuropathic symptoms and/or signs documents in the medical record. Gabapentin is not indicated for post operative (amputation) pain. Additionally, there is no objective functional improvement with ongoing gabapentin. There are no quantities documented in the medical record. Consequently, absent clinical documentation with objective functional improvement in guideline recommendations to support postoperative gabapentin, gabapentin 400 mg is not medically necessary.

### **1 Prescription of Norco 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are chronic pain syndrome; partial left leg/foot amputation; left knee fusions/low testosterone. Subjectively, according to a progress note dated May 7, 2014, the injured worker has complaints of chronic pain control pain medications and returns for refills. There are no specific subjective complaints documented objectively, left leg surgery scar and partial left foot amputation. There are no specific objective findings noted. There are inconsistent progress notes indicating Norco 10/325 mg is prescribed and being taken by the injured worker. The earliest progress note in the medical records dated February 12, 2014. The injured worker was taking methadone, axiron, and Wellbutrin. There is no documentation of Norco or gabapentin. In a progress note dated March 12, 2014, the documentation states continue Norco and gabapentin. It is unclear whether Norco was consistently prescribed during that time. There

is no documentation reflecting objective functional improvement with ongoing Norco. There is no evidence of an attempt to wean Norco and there are no risk assessments or detailed pain assessments (with ongoing opiate use). Additionally, there are no quantities documented in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Norco, and attempt to wean and risk assessments in detail pain assessments, consistent Norco use, Norco 10/325 mg is not medically necessary.

### **1 Prescription of Axiron 30mg/1.5ml: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Testosterone Replacement for Hypogonadism.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Axiron 30 mg/1.5 ML's is not medically necessary. Testosterone replacement for hypogonadism (related to opiates) is recommended in limited circumstances for patients taking high-dose long-term opiates with documented low testosterone levels. See the guidelines for additional details. In this case, the injured workers working diagnoses are chronic pain syndrome; partial left leg/foot amputation; left knee fusions/low testosterone. Subjectively, according to a progress note dated May 7, 2014, the injured worker has complaints of chronic pain control pain medications and returns for refills. There are no specific subjective complaints documented objectively, left leg surgery scar and partial left foot amputation. There are no specific objective findings noted. The documentation medical record does not contain laboratory results reflecting ongoing testosterone levels. There were no documented low testosterone levels in the medical record. The earliest progress note in the medical record is dated February 12, 2014. The injured worker was using Axiron at that time. According to a May 17, 2014 progress note (the most recent progress note in the medical record), Axiron is still used by the injured worker. Consequently, absent clinical documentation with testosterone levels to guide Axiron use, Axiron 30 mg/1.5 mls is not medically necessary.