

<b>Case Number:</b>	CM15-0004934		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	10/17/2006
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 53 year old male patient who sustained an industrial injury on 10/17/2006. The diagnoses included lumbar disc displacement, lumbago, lumbosacral strain/sprain, lumbar radiculitis, headache, thoracic spine pain, thoracic disc bulge. He sustained the injury due to involved in motor vehicle accident. Per the doctor's note dated 1/12/2015, he had complaints of low back pain with radiation to the legs and neck pain with radiation to the bilateral shoulders with numbness and tingling in fingers and hands. Per the doctor's note dated 12/4/2014, he had complaints of low back pain at 6/10 with radiation to the legs along with occasional numbness and tingling to the left calf and foot. The physical examination revealed tenderness to palpation, straight leg raise positive on the left with limited range of motion to the lumbar spine with increased pain. The medications list includes hydrocodone/APAP and gabapentin. His surgical history includes destruction of rectal tumor, appendectomy and hernia repair. He has had cervical MRI on 12/5/2006 which revealed disc protrusion at C5-6 and C6-7; lumbar MRI dated 1/14/2011 which revealed disc degeneration, lumbar spinal stenosis at L4-5. He has had physical therapy visits, TENS and psychotherapy for this injury. Last urine drug screen was consistent. The UR determination denied request on 12/15/2014 for Norco 5/325mg #45 citing MTUS Chronic Pain Treatment Guidelines, Opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS:Gabapentin (Neurontin, Gabarone, generic available) Page(s).

**Decision rationale:** Request: Gabapentin 300mg #90 with 3 refillsGabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain."Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007)Lumbar spinal stenosis: "Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study."Per the records provided he had complaints of low back pain with radiation to the legs and neck pain with radiation to the bilateral shoulders with numbness and tingling in fingers and hands with tenderness to palpation, straight leg raise positive on the left with limited range of motion to the lumbar spine with increased pain. He has had cervical MRI on 12/5/2006 which revealed disc protrusion at C5-6 and C6-7; lumbar MRI dated 1/14/2011 which revealed disc degeneration, lumbar spinal stenosis at L4-5.There is objective evidence of nerve related pain. Gabapentin is recommended as an option for treating neuropathic pain. This request for Gabapentin 300mg #90 with 3 refills is deemed medically appropriate and necessary in this patient.

**Norco 5/325mg #45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): Page 76-80. Decision based on Non-MTUS Citation Chapter: Pain (updated 02/23/15) Opioids, criteria for use

**Decision rationale:** Request: Norco 5/325mg #45. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided.Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side

effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg #45 is not established for this patient.