

<b>Case Number:</b>	CM15-0111288		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/18/2004
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Arizona, 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:

The injured worker is a 48 year old male, who sustained an industrial injury on 6/18/04. He reported pain in the lower back. The injured worker was diagnosed as having severe low back pain and status post lumbar laminectomy without spinal fusion. Treatment to date has included a lumbar epidural injection x 2 with 6-8 weeks of pain relief and a lumbar MRI on 7/31/14 showing severe degenerative disc disease at L4-L5. Current medications include Neurontin and Norco (since at least 9/4/14). As of the PR2 dated 5/4/15, the injured worker reports 5-6/10 pain in his lower back. Objective findings include limited range of motion in flexion to 40% and extension to 10% of normal, a positive straight lag raise test on the left side at 50 degrees and localized tenderness in the left sacroiliac joint. The treating physician requested Gabapentin 600mg #120 x 2 refills and Norco 10/325mg #180 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg, #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does have radiculopathy but the claimant does not have much recent improvement with the combined use of Norco and Gabapentin. In addition, future response and necessity for long term use cannot be determined. The request for Gabapentin with 2 refills is not medically necessary.

**Norco 10/325mg, #180 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Opioids, criteria for use; Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone (Vicodin) since 2005. The pain was "somewhat controlled" according to the physician. There was also no mention of Tricyclic failure or recent weaning attempt. The continued use of Norco is not medically necessary.