

<b>Case Number:</b>	CM15-0113390		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	06/22/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 53 year old male with a date of injury of 6/22/2014. The injury was sustained when the injured worker fell off a roof. The injured worker did not fall to the ground, but down one level. The injured worker previously received the following treatments thoracic spine CT scan, Head CT scan, cervical spine x-rays, Lumbar spine CT scan, 6 sessions of physical therapy for the lumbar spine, lumbar spine MRI, Norco, Cymbalta, Tramadol, Gabapentin, Omeprazole, Zolpidem, Tylenol #3, bilateral sacroiliac joint injection, bilateral L3-L5 medial branch blocks, heat therapy, 30 minute walks, stretches and a TheraCane for home use. The injured worker was diagnosed with sprain/strain of the lumbar region, closed head trauma, back pain, symptomatic bradycardia, back contusion, lumbago, anxiety, thoracic sprain, sacroiliac joint pain, lumbosacral or thoracic neuritis and muscle spasms. According to progress note of May 8, 2015, the injured worker's chief complaint was lower-mid back pain. The injured worker rated the pain at 7 out of 10. The injured worker described the pain as constant, pinching, or pulling sensation. The pain was worse in cold weather and activity. Occasionally the pain would radiate into the left lower extremity with numbness to the left knee then tingling to the left foot. The injured worker reported no loss of appetite or sleep. The injured worker was working part time. The current medications were helpful in controlling the pain. There were no objective findings documented. The treatment plan included prescription renewals for Tylenol #3 and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tylenol No. 3 #90: Upheld**

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

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

**Decision rationale:** Tylenol # 3 contains 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 Norco and Tramadol in the past year. No one opioid is superior to another and there was no significant improvement in pain or function. The continued use of Tylenol #3 is not medically necessary.

**1 prescription of Gabapentin 100mg #90: Upheld**

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

**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. The claimant had been on Gabapentin for over a month but pain scores remained high at 7/10 and response to Gabapentin use was not substantiated to justify continued use. Therefore the continued use of Gabapentin is not medically necessary.