

<b>Case Number:</b>	CM15-0117830		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for low back, leg, knee, and foot pain reportedly associated with an industrial injury of March 18, 2010. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve requests for Norco and gabapentin. The claims administrator referenced an RFA form received on May 21, 2015 in its determination, along with an associated progress note of May 18, 2015. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of low back, foot, leg, and knee pain. The applicant was asked to obtain a consultation with the foot surgeon. Norco was endorsed while the applicant was placed off of work, on total temporary disability. The applicant was described as having no changes in his pain syndrome. The applicant was using both Norco and Motrin, it was stated in one section of the note. The attending provider suggested that he believed the applicant's lower extremity pain complaints were in fact emanating from lumbar spine. On an RFA form dated May 21, 2015, Norco and Neurontin were endorsed. In an associated progress note dated May 18, 2015, the applicant reported ongoing complaints of foot and ankle pain. The applicant apparently had a neurosurgery consultation pending as well as an orthopedic knee surgery consultation pending. The applicant was asked to remain off of work, on total temporary disability. The applicant was on Norco and ibuprofen, it was stated toward the top of the report. The attendant progress note in question did not seemingly contain a rationale for selection of gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Norco 10/325mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. The request for Norco seemingly represented a renewal request for the same. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on multiple office visits, referenced above, interspersed throughout May 2015. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.

**1 Prescription for Gabapentin 300mg #60 with 1 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Gabapentin (Neurontin) Page(s): 7; 49.

**Decision rationale:** Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin is a first-line treatment for neuropathic pain, as was/is seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider's choice of pharmacotherapy must be based on the type of pain to be treated and/or pain mechanism involved. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that an attending provider should tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables. Here, however, the attending provider did not furnish a clear or compelling rationale for introduction of gabapentin. Gabapentin was seemingly endorsed for the first time via an RFA form dated May 21, 2015. An associated progress note of May 18, 2015, however, made no mention of the rationale for introduction of gabapentin. It was not clearly stated for what issue, diagnosis, pain mechanism, and/or purpose gabapentin was being employed. Therefore, the request was not medically necessary.

