

<b>Case Number:</b>	CM15-0170060		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	07/08/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 55-year-old female, with a reported date of injury of 07-08-2012. The mechanism of injury was the result of lifting a spa cover from the ground, which weighed over 100 pounds. She felt immediate pain in her neck, mid and low back, and left hip. The diagnoses include chronic back pain, lumbar and cervical radiculopathy, lumbar spine disc herniation, chronic neck pain, chronic thoracic spine pain, left hip degenerative joint disease, and cervical myofascial pain. Treatments and evaluation to date have included a home exercise program; chiropractic treatment, which increased her pain; physical therapy, which was not helpful; two epidural injections, which did not help the pain; oral medications, including Norco and Gabapentin; cervical trigger point injection on 05-06-2015, with temporary relief; a Toradol injection on 04-22-2015 with increased pain; and topical pain medications. The diagnostic studies to date have included an MRI of the thoracic spine on 04-24-2015 which showed mild anterior spondylosis with mild scoliosis; a urine drug screen on 04-22-2015 with consistent findings; electrodiagnostic studies of the lower extremities on 03-18-2015 which showed evidence of bilateral S1 radiculopathy; and electrodiagnostic studies of the upper extremities on 03-02-2015 which showed evidence of a right carpal tunnel syndrome. The progress report dated 08-03-2015 indicates that the injured worker presented for follow-up regarding her neck, back, and hip complaints. She said her back and hip pain were worsening with time. It was noted that the injured worker last worked on 03-08-2014. The injured worker denied any side effects to the medications. She reported stabbing and burning pain along the left side of the mid back, which was rated 10 out of 10; neck pain with radiation of pain and numbness down the left arm to the

hand, rated 10 out of 10, associated with frequent headaches; low back pain with radiation of pain, numbness, tingling, and weakness in her bilateral feet and calves, rated 10 out of 10; and left hip pain, rated 9 out of 10. On 07-15-2015, the injured worker rated her neck pain 8 out of 10; her mid back pain 5-10 out of 10; low back pain 8 out of 10; and her left hip pain at 10 out of 10. The physical examination showed a mildly antalgic gait; atrophy of the left calf; tenderness to palpation over the left lower lumbar paraspinal regions; pain with lumbar facet loading bilaterally, left side greater than right; decrease cervical spine range of motion; decreased thoracic spine range of motion; decreased lumbar spine range of motion; decreased sensation over the left C5-8 dermatomes; and decreased sensation over the left L3-5 dermatomes. It was noted that an MRI of the thoracic spine on 07-29-2014 showed evidence of chronic extrusion, and moderate bilateral facet arthropathy at L4-5 associated with facet effusion and posterior synovial cyst on the right; electrodiagnostic studies of the bilateral upper extremities on 03-02-2015 which showed right carpal tunnel syndrome, no evidence of cervical radiculopathy or generalized peripheral neuropathy of the upper limbs; and electrodiagnostic studies of the bilateral lower extremities on 03-18-2015 which showed evidence of bilateral S1 radiculopathy, and no evidence of generalized peripheral neuropathy affecting the lower limbs. The injured worker's disability status was permanent and stationary. There was documentation that the CURES report from 07-14-2015 was consistent and showed no aberrant behavior. It was also documented that the urine test from the last visit was consistent. The treating physician requested Gabapentin 600mg #60 and Norco 10-325mg #90. The request for authorization was dated 08-03-2015. On 08-18-2015, Utilization Review (UR) non-certified the request Gabapentin 600mg #60 due to a lack of documented evidence to indicate that this medication provided any type of relief for the injured worker during its initial use and Norco 10-325mg #90 due to no documentation of improvement and pain reduction as a result of the opioid use.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." There is no documentation that the patient sustained a neuropathic pain. In addition, the patient has been using Gabapentin since March 2015 without any evidence of functional improvement. Therefore, the prescription of Gabapentin 600mg #60 is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug- related behaviors. These domains have been summarized as the "4A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. In addition, the patient has also been prescribed Metaxalone (Skelaxin) 800mg, a muscle relaxant that has known interactions with narcotic pain medications. Therefore, the prescription of Norco 10/325mg #90 is not medically necessary.