

<b>Case Number:</b>	CM15-0070466		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	11/05/2011
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: California

Certification(s)/Specialty: Emergency 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 38 year old female, who sustained an industrial injury on November 5, 2011. The injured worker was diagnosed as having closed fracture of ankle, joint derangement shoulder and lumbosacral neuritis. Treatment and diagnostic studies to date have included medication. A progress note dated march 13, 2015 provides the injured worker complains of headaches, left shoulder, chest, back, left knee and left ankle pain. She reports sleep disturbance and depression. Physical exam notes a limp and lumbar tenderness. The plan includes surgical consult and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 MG #90:** Upheld

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

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

**Decision rationale:** The requested Gabapentin 300 MG #90, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and Outcome: a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker has headaches, left shoulder, chest, back, left knee and left ankle pain. She reports sleep disturbance and depression. Physical exam notes a limp and lumbar tenderness. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin 300 MG #90 is not medically necessary.

**Vicodin ES 7.5/300 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested Vicodin ES 7.5/300 MG #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has headaches, left shoulder, chest, back, left knee and left ankle pain. She reports sleep disturbance and depression. Physical exam notes a limp and lumbar tenderness. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Vicodin ES 7.5/300 MG #120 is not medically necessary.