

<b>Case Number:</b>	CM15-0076146		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	06/22/2009
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 49 year old male, who sustained an industrial injury on June 22, 2009. The injured worker has been treated for neck, back, left shoulder and bilateral hip and knee complaints. The diagnoses have included chronic back pain, lumbar spondylolisthesis, lumbar facet arthropathy, cervical sprain/strain with spondylosis, left knee sprain/strain, left shoulder sprain/strain with tendinopathy and rotator cuff tendinitis of the left shoulder. Prior conservative treatment other than medications was not noted in the documentation submitted. Current documentation dated February 9, 2015 notes that the injured worker reported ongoing back, neck, left shoulder and bilateral hip and knee pain. The pain was noted to be a four out of ten on the visual analogue scale with medications. The injured worker noted a fifty percent improvement in reduction in pain and fifty percent functional improvement with his activities of daily living with the medications. Physical examination of the lumbar spine revealed limited range of motion and a bilateral straight leg raise test. The injured worker was noted to have sensory loss to the left lateral calf and bottom of the foot. Knee examination revealed crepitus passively in both knees and a positive McMurray's in the right knee with an audible click. Neck examination revealed a limited range of motion and negative special testing of the neck. Left shoulder examination revealed tenderness with a positive impingement sign and crepitus on circumduction passively. The treating physician's plan of care included a request for the medications Norco 10/325 mg # 120 and Neurontin 300 mg # 120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Norco, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, while there is a mention of functional improvement, no specific examples of such improvement are identified. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco is not medically necessary.

**Neurontin 300mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is mention of functional improvement with activities of daily living, but there is no identification of any specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. Antiepileptic drugs should not be abruptly discontinued but unfortunately, there is no provision to modify the current request. As such, the currently requested gabapentin (Neurontin) is not medically necessary.