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| <b>Case Number:</b>   | CM15-0092373 |                              |            |
| <b>Date Assigned:</b> | 05/18/2015   | <b>Date of Injury:</b>       | 05/23/1997 |
| <b>Decision Date:</b> | 10/05/2015   | <b>UR Denial Date:</b>       | 05/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/13/2015 |

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

This 51 year old male sustained an industrial injury to the left lower extremity on 5-23-97. Recent treatment consisted of wound care, psychiatric care and medication management. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5-5-15, the injured worker complained of left leg pain. Physical exam was remarkable for left anterior tibia with a slow healing 3 centimeter by 2 centimeter wound without signs of infection. Current diagnoses included chronic left leg pain. The treatment plan included refilling medications (Norco, Prilosec, Celebrex and Neurontin), continuing with dieting and weight loss, continuing home exercise, continuing ice and continuing wound care to the left lower extremity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per the medical records, 5/5/15 physical exam was remarkable for left anterior tibia with a slow healing 3cm by 2cm wound with signs of infection. An opiate can be given for acute nociceptive pain associated with tissue damage. The request is medically necessary.

**Neurontin 300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-18.

**Decision rationale:** With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG p17, "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." With regard to medication history, the injured worker has been using this medication since at least 4/2015. The documentation submitted for review did not contain evidence of improvement in function. As such, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for the purpose of weaning.