

<b>Case Number:</b>	CM15-0094639		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	02/10/2000
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 an 82 year old female, who sustained an industrial injury on 02/10/2000. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical disc degeneration, other general symptom, localized primary osteoarthritis bilateral not elsewhere classified, pain in limb, lumbosacral spondylosis without myelopathy, and backache not otherwise specified. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, use of a walker, cortisone injection, and use of knee braces. In a progress note dated 03/03/2015 the treating physician reports complaints of pain to the knee and the low back. Examination reveals extremely slow movements, limping gait with stooping while walking, and global antalgic gait that is wide based, slow, and unsteady. The pain level to the knee is rated a 7 out of 10, but decreases to a 6 out of 10 with her medication regimen. The injured worker's current medication regimen includes Salonpas, Norco, Emla Cream, and Metamucil Powder. The treating physician noted that the injured worker uses Norco daily to control the pain as it allows her to be mobile at home and allows her to perform activities of daily living. She has also noted some relief from use of Emla Cream especially at bedtime. The treating physician requested the medications of Norco 10/325mg with a quantity of 120 noting that the injured worker currently uses this medication because it allows her to maintain function and independence at home. The treating physician also requested the use of the medication of Gabapentin 100mg with a quantity of 90 with 2 refills to attempt to wean or decrease the amount of Norco required, but also noted that the injured worker has used this medication in the past and the dose she was on caused nervousness.

## 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 Page(s): 74-97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. Recent notes indicate only a 1 point improvement in pain levels. Failure of 1st line medication is not noted. Continued and chronic use of Norco is not medically necessary.

**Gabapentin 100mg #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 18. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant was initiated on Gabapentin to reduce the Norco use. The claimant does not have the above diagnoses and the mechanism of action and their therapeutic benefit is for different indications. The request for Gabapentin is not medically necessary.