

<b>Case Number:</b>	CM15-0096811		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	08/24/2011
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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

### 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 53 year old female, who sustained an industrial injury on 8/24/11. She reported a low back injury. The injured worker was diagnosed as having post laminectomy syndrome, chronic pain syndrome, hip pain, knee pain, lumbago, lumbar radiculitis and major depression. Treatment to date has included physical therapy, epidural steroid injections, lumbar spine fusion and oral medications including Norco and Gabapentin. Currently, the injured worker complains of low back pain with radiation down left leg. She states she is currently using Norco 10/325 5 times per day and Gabapentin 300mg 4 times per day and the medications have been very helpful. Physical exam noted bony tenderness of lumbosacral spine and decreased range of motion and an antalgic gait. The treatment plan included refilling Norco and Neurontin and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin Page(s): 18-19, 60.

**Decision rationale:** The patient was injured on 08/24/11 and presents with low back pain, bilateral knee pain, and bilateral hip pain. The request is for NEURONTIN 600 MG #180. The utilization review denial rationale is that the patient only reports somewhat improvement of pain. The RFA is dated 02/09/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 12/30/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with post laminectomy syndrome, chronic pain syndrome, hip pain, knee pain, lumbago, lumbar radiculitis, and major depression. She has a limited hip and lumbar spine range of motion. On 01/05/15, she rates her pain as an 8/10 and states that "Gabapentin [is] providing some relief of pain." The 02/09/15 report states that the patient rates her pain as a 5/10. The 03/10/15 report indicates that the patient rates her pain as an 8/10 and that with Gabapentin and Norco, she "has had improved ability to attend her daily duties." MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. It appears that Neurontin has been beneficial to the patient's pain and function. Given the discussion regarding efficacy, the requested Neurontin IS medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 08/24/11 and presents with low back pain, bilateral knee pain, and bilateral hip pain. The request is for Norco 10/325mg #180. The RFA is dated 02/09/15 and the patient is on temporary total disability. Treatment reports are provided from 04/15/14 to 04/21/15 and the patient has been taking this medication as early as 11/04/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 11/04/14 report states that the patient rates her pain as an 8/10 without medications and a 4/10 with medications. On 12/04/14, she rates her pain as a 10/10 without medications and a 7/10 with medications. On 01/05/15, she rates her pain as an 8/10. The 02/09/15 report states that the patient rates her pain as a 5/10. The 03/10/15 report indicates

that the patient rates her pain as an 8/10 and that with Gabapentin and Norco, she has had improved ability to attend her daily duties. Although the treater provides before-and-after medication pain scales, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. The patient had a urine drug screen conducted on 09/26/14 and was consistent with her prescribed medications. However, there are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.