

<b>Case Number:</b>	CM15-0099381		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	11/01/2006
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

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 a 53 year old male who sustained an industrial injury on 11/01/06. Initial complaints and diagnoses are not available. Treatments to date include medications, injections, and back surgery. Diagnostic studies include MRIs and electrodiagnostic studies. Current complaints include pain in the lower back and lower extremity and foot. Current diagnoses include postsurgical states. In a progress note dated 04/22/15 the treating provider reports the plan of care as medication including Tylenol #4, and injections of Toradol, gabapentin, Kenalog, and Depo Medrol. The requested treatments include Tylenol #4 and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol no. 4 #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a history of a work injury occurring in November 2006. EKG to be treated for low back and lower extremity pain. When seen, pain was rated at 7-8/10. Tylenol #4 is referenced as providing some benefit. Physical examination findings included an antalgic gait and left-sided weakness. There was decreased lumbar spine range of motion with pain and paraspinal muscle tenderness. There was decreased left lower extremity sensation and positive straight leg raising. Medications being prescribed included gabapentin at a total dose of 1800 mg per day and Tylenol #4 at a total MED (morphine equivalent dose) of less than 20 mg per day. Tylenol #4 (codeine/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED (morphine equivalent dose) is less than 120 mg per day, there is no documentation that medications are providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Tylenol #4 was not medically necessary.

**Gabapentin 600mg #90 with 3 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The claimant has a history of a work injury occurring in November 2006. EKG to be treated for low back and lower extremity pain. When seen, pain was rated at 7-8/10. Tylenol #4 is referenced as providing some benefit. Physical examination findings included an antalgic gait and left-sided weakness. There was decreased lumbar spine range of motion with pain and paraspinal muscle tenderness. There was decreased left lower extremity sensation and positive straight leg raising. Medications being prescribed included gabapentin at a total dose of 1800 mg per day and Tylenol #4 at a total MED (morphine equivalent dose) of less than 20 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is consistent with recommended guidelines and he is being treated for neuropathic pain. It was therefore medically necessary.