

<b>Case Number:</b>	CM14-0141382		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/06/2006
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 65-year-old female who reported an injury of unknown mechanism on 09/06/2006. On 08/20/2014, her diagnoses included low back pain with MRI scan evidence on 06/06/2011 of compression fractures of L5, spondylolisthesis of L4, and moderate degenerative changes of the lumbar spine, right lower extremity radicular symptoms, bilateral hip trochanteric bursitis, and bilateral knee pain with significant degenerative joint disease. Her medications included Percocet 5/325 mg, Neurontin 100 mg, and Robaxin 500 mg. A urine drug screen from 07/16/2014 was consistent with this injured worker's prescribed medications. The treatment plan included requests for continuing Percocet 5/325 mg for moderate to severe breakthrough pain, and Neurontin 100 mg for neuropathic pain complaints in the right lower extremity. There was no Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 100mg, #90 three times a day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs),, and Gabapentin (Neurontin), Page(s): 16-22, 49.

**Decision rationale:** The request for Neurontin 100 mg #90 three times a day is not medically necessary. Per the California MTUS Guidelines, antiepileptic drugs are recommended for neuropathic pain, primarily postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. A good response for the use of antiepileptic medications has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. Neurontin specifically has been considered a first line treatment for neuropathic pain. It has also been recommended for complex regional pain syndrome. There is no documentation submitted that this injured worker had complex regional pain syndrome or postherpetic neuralgia. Additionally, the documentation did not include quantifiable evidence of decrease in pain or increase in functional abilities due to the use of this medication. The clinical information submitted failed to meet the evidence based guidelines for the continued use of this medication. Therefore, the request for Neurontin 100 mg #90 three times a day is not medically necessary.

**Percocet 5/325mg, #150 every 4-6 hours as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for Percocet 5/325 mg #150 every 4 to 6 hours as needed is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. In most cases, analgesic treatment should begin with acetaminophen, aspirin, or NSAIDs. Long term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long term monitoring and evaluations, including side effects, failed trials of NSAIDs, or aspirin. It was noted that this injured worker had a 50% improvement in function and a 50% per reduction in pain with her current medication regimen. It was unclear from the submitted documentation how much of these improvements were due directly to the use of opioid medications. The clinical information submitted failed to meet the evidence based guidelines for the continued use of opioid medications. Therefore, this request for Percocet 5/325 mg #150 every 4 to 6 hours as needed is not medically necessary.