

<b>Case Number:</b>	CM14-0146144		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/18/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 62-year-old male who reported injury on 06/18/2002 due to unspecified cause of injury. The injured worker complained of lumbar pain that radiated to the lower extremities. The injured worker had a diagnosis of lumbosacral radiculopathy. The injured worker's prior surgeries included status post lumbar spinal fusion with removed hardware. The physical examination dated 03/26/2012 to the lumbar spine revealed a well healed incision, ambulated with one point cane, spasms and tenderness noted to the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension, decreased sensation at the L4-5 and S1 dermatomal distributions bilaterally. Past treatments included medication and epidural steroid injections. Medications included omeprazole, tizanidine, hydrocodone, gabapentin and Naproxen. As provided, the treatment plan included Neurontin and Norco refills. The Request for Authorization dated 03/12/2014 was submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**neurontin 300mg #90 with 5 refills:** Upheld

**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): 16-22.

**Decision rationale:** The request for Neurontin 300mg #90 with 5 refills is not medically necessary. The California MTUS Guidelines state gabapentin has been shown to be effective in diabetic painful neuropathy and postherpetic neuralgia. It has been considered a first line of treatment in neuropathic pain. 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. It was not evident that the injured worker had neuropathic pain or diabetic neuropathy. The request does not address the frequency. As such, the request is not medically necessary.

**Norco 5/325mg #30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 78.

**Decision rationale:** The request for Norco 5/325mg #30 with 5 refills is not medically necessary. The California MTUS Guidelines recommend opioids for chronic pain, but there should documentation of objective functional improvement, objective decrease in pain and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 oral morphine equivalent per day. The clinical notes were not evident that the injured worker was monitored for aberrant drug behavior and side effects. The request did not indicate the frequency. As such, the request is not medically necessary.