

<b>Case Number:</b>	CM13-0017434		
<b>Date Assigned:</b>	09/30/2013	<b>Date of Injury:</b>	03/18/2002
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and 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 physician 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 patient is a 42-year-old female who reported a work-related injury on 03/18/2002 as the result of hyperextension to the digits of the right hand. The clinical note dated 09/23/2013 reported that the patient was seen under the care of [REDACTED] for treatment of hand pain. The provider documented that the patient had undergone multiple right hand surgeries; specifics of procedures were not stated. The clinical note reported that the patient utilized gabapentin, Seroquel, Wellbutrin, Celexa, Norco, topiramate, citalopram, clonazepam, Keflex, Voltaren gel, hydroxyzine and hydrochloride. The provider documented that the patient had undergone medication trials, physical therapy and acupuncture. The provider documented that upon physical exam of the patient, gait was noted as antalgic, and the patient was able to heel-toe walk. The provider documented that electrodiagnostic studies of the bilateral upper extremities dated 02/05/2010 revealed no abnormalities. The provider documented that the patient was to continue with her medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg:** Upheld

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

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

**Decision rationale:** The current request is not supported as the clinical documentation submitted for review fails to evidence the patient's reports of efficacy with the utilization of gabapentin 100 mg 1 tab by mouth twice a day. The most recent clinical note submitted for review documented that the patient was to utilize gabapentin 100 mg 1 tab by mouth at bedtime. The clinical notes failed to evidence the patient's reports of efficacy with this medication as noted by a decrease in rate of pain on the VAS and an increase in objective functionality. Additionally, the clinical notes lacked evidence of a recent, thorough physical exam of the patient's right upper extremity; the patient's reports of symptomatology generated from the patient's right hand. Furthermore, the clinical notes document that the patient underwent electrodiagnostic studies, which revealed no abnormalities. The California MTUS indicates that gabapentin is shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, given the above, the request for gabapentin 100 mg 1 tab twice a day for 30 days 60 no refills is not medically necessary nor appropriate

**Norco 325mg-10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The patient has been advised via previous peer reviews to begin titration of the utilization of this medication. The patient presented status post a work-related injury of over 10 years time. The clinical notes failed to document the patient's reports of efficacy as evidenced by a decrease in rate of pain on the VAS and an increase in objective functionality as a result of utilizing Norco 10/325. As the California MTUS indicate, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The request for Norco 325/10 mg tab twice a day as needed 15 days 30 no refills.

**TENS unit x day trial (modified as 30 day home trial) QTY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

**Decision rationale:** The current request is supported. The clinical documentation submitted for review reports that the patient continues to present with right hand pain complaints status post sustaining a work-related injury over 10 years ago and subsequent multiple surgical interventions performed to the right hand. The patient has been advised to decrease medication utilization; therefore, the requested intervention is supported for a trial of 30 days. The California MTUS indicate that there must be evidence that other appropriate pain modalities have been tried, including medication, and failed. As the patient has utilized lower levels of conservative treatment without resolution of his subjective complaints of pain about the right upper extremity, the request for a TENS unit times days trial (modified as a 30 day home trial) (Quantity: 30.00) is medically necessary and appropriate.