

<b>Case Number:</b>	CM13-0033835		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	09/05/2003
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and elbow pain reportedly associated with an industrial injury of September 5, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; elbow epicondylar release surgery; and carpal tunnel release surgery. In a Utilization Review Report dated September 30, 2013, the claims administrator seemingly denied request for Norco, Neurontin, and Prilosec, essentially stated that the attending provider had not furnish any evidence that these medications have been beneficial here. The applicant's attorney subsequently appealed. In an earlier note of October 8, 2013, the applicant was described as reporting multifocal elbow and wrist pain. The applicant stated that he is happy with the outcome of the left carpal tunnel release surgery. The applicant was given prescriptions for 12 sessions of physical therapy, Naprosyn, Prilosec, Norco, and Neurontin. It was stated that Prilosec was being given for gastric acid suppression purposes. The applicant was described as permanent and stationary. It was stated that the applicant's left ulnar release surgery had been successful. It did not appear that the applicant was working; however, with permanent limitations in place. There is no discussion of medication efficacy on that date. A subsequent note of February 20, 2014 was notable for comments that the applicant reported persistent 7-8/10 pain. The applicant was again given prescriptions for Naprosyn, Prilosec, Norco, and Neurontin. While it was stated that the applicant was "okay" with medication and the applicant was reportedly not abusing medications, there was, once again, no mention of medication efficacy on the progress note in question. On an earlier request for authorization form dated September 13, 2013, it was stated that the applicant was 54-years-old as of that point in time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300MG #90, ONE (1) TABLET BY MOUTH TWICE A DAY:** 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 ANTIEPILEPSY DRUGS (AEDs) Page(s): 19.

**Decision rationale:** The Chronic Pain Guidelines indicate that it is incumbent upon the attending provider to document appropriate improvements in pain or function with applicants who are using gabapentin or Neurontin. In this case, the applicant has, in fact, been using gabapentin or Neurontin for what now amounts to several months to over a year. There have been no documented improvements in pain or function achieved as a result of ongoing Neurontin usage. The applicant does not appear to have returned to work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains dependent on opioid agents, such as Norco. Therefore, the request for Neurontin is not medically necessary on the grounds that the applicant has failed to achieve requisite improvements in pain or function as defined in the guidelines through ongoing usage of the same.

**NORCO 10/325MG #120, ONE (1) TABLET BY MOUTH FOUR (4) TIMES A DAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION APPROACH TO CHRONIC PAIN MANAGEMENT; OPIOIDS, WHEN TO CONTINUE OPIOIDS Page(s): 7 AND 80.

**Decision rationale:** The Chronic Pain Guidelines indicate that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. There are no documented improvements in pain or function achieved as a result of ongoing Norco usage. The attending provider has not incorporated any discussion of medication efficacy into any recent progress note provided, contrary to what is suggested in the guidelines. Therefore, the request is not medically necessary.

**PRILOSEC 20MG #60, ONE (1) TABLET BY MOUTH TWICE A DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** The attending provider has indicated that he intends to employ Prilosec for gastric protective purposes or prophylactic purposes. However, the applicant does not seemingly meet criteria set forth in the Chronic Pain Guidelines for prophylactic usage of proton pump inhibitors. Specifically, the applicant is not using more than one (1) non-steroidal anti-inflammatory drug (NSAID), the applicant is not age 65 years of age or greater and using NSAIDs, the applicant does not have any history of gastric bleeding or peptic ulcer disease, and is not using NSAIDs in conjunction with corticosteroids. The applicant is using only one (1) NSAID, Naprosyn. The applicant is less than 65 years of age (age 54). The applicant is not using any corticosteroids. Therefore, the request for Prilosec for gastric protective purposes is not medically necessary.