

Case Number:	CM13-0054836		
Date Assigned:	04/11/2014	Date of Injury:	05/12/2011
Decision Date:	05/26/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/20/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in interventional Spine 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:

This is a 50 year-old female with a 5/12/2011 cumulative trauma industrial injury claim. She has been diagnosed with generalized pain; carpal tunnel syndrome; lumbar radiculopathy; cervical sprain; thoracic sprain; insomnia due to mental disorder; depressive disorder; cervical radiculopathy; elbow tendonitis; shoulder tendonitis. According to the 9/23/13 initial report from [REDACTED], the patient presents with 7/10 pain in the cervical spine, lumbar spine, bilateral shoulders, elbows, wrists and hands. [REDACTED] notes numbness in the C6 and C7 dermatomes bilaterally and in the bilateral L5 and S1 dermatomes. He recommends PT, cervical traction, Lexapro, Neurontin 300mg, tid, #100; Norco 2.5/325mg qd, #30. On 10/31/13, UR modified the request for Neurontin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 300MG #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-18.

Decision rationale: According to the 9/23/13 initial report, the patient presents with 7/10 pain in the cervical spine, lumbar spine, bilateral shoulders, elbows, wrists and hands.. The patient has neuropathic pain and meets MTUS requirements for a trial of Neurontin. The prescription was written as three tablets per day, so quantity 300 would be just over a 3-month supply. The MTUS guidelines states the trial period for gabapentin is 3-8 weeks for titration then 2 weeks at maximum tolerated dosage. The initial request for #300 tablets will exceed the duration of the recommended trial period. The request is not medically necessary.

NORCO 2.5MG/325MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

Decision rationale: According to the 9/23/13 initial report, the patient presents with 7/10 pain in the cervical spine, lumbar spine, bilateral shoulders, elbows, wrists and hands. The treating physician requested to start Norco at 2.5/325mg at 1/day. This was the initial visit with the treating physician, and his first request for Norco. The patient has moderately severe pain rated at 7/10 and has tried other first-line therapy in the past. The trial of Norco appears to be in accordance with MTUS guidelines and is medically necessary.