

Case Number:	CM14-0008877		
Date Assigned:	02/14/2014	Date of Injury:	02/11/2007
Decision Date:	06/27/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/21/2014

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 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 an employee who has filed a claim for chronic shoulder, neck, and myofascial pain syndrome reportedly associated with an industrial injury of February 11, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 7, 2014, the claims administrator approved a request for Motrin while seemingly denying/partially certifying request for Neurontin and Vicodin. It was stated that the attending provider's documentation was insufficient to support continued usage of either Neurontin or Vicodin. The applicant's attorney subsequently appealed. In a progress noted dated April 29, 2013, the applicant was described as reporting persistent neck, upper back, and interscapular pain. The applicant's neurogenic pain is reportedly managed with Neurontin. The applicant was asked to increase her dosage of Neurontin from 300 mg nightly to 300 mg daily. On November 5, 2013, the applicant was furnished with prescriptions for Neurontin 300 mg nightly and Norco 10 mg to use twice daily on a consistent basis. It was stated that the applicant was a candidate for shoulder surgery. The applicant was apparently reporting heightened neck and shoulder pain complaints on this occasion and requested additional medications to combat the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN BID: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 18-19

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GABAPENTIN, 19

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, it is incumbent upon the prescribing provider to document improvements in pain and function in applicants using Neurontin chronically. In this case, the applicant has in fact been using Neurontin chronically, since at least April 2013. Thus, there had been time for an adequate trial of Neurontin as of the date of the Utilization Review Report, January 7, 2014. However, the attending provider had not documented the applicant's work status, functional status, or response to earlier, ongoing usage of gabapentin or Neurontin. Since there were no clearly documented improvements in pain or function affected as a result of ongoing Neurontin usage, the request is not medically necessary.

VICODIN: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 72, 91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines OPIOIDS, PAGE 91. Page(s): 91. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHRONIC PAIN, 91

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, short-acting opioids such as Vicodin or hydrocodone-acetaminophen are indicated in the treatment of moderate to moderately severe pain. In this case, the applicant seemingly presented in November 2013, reporting a flare in pain requiring usage of more potent analgesic medications. A limited 20-tablet supply of Vicodin to combat an acute flare in pain was indicated and appropriate, as suggested by the guidelines. The request in question did seemingly represent a first-time request for Vicodin. The applicant was not using Vicodin on a chronic or sustained use basis as of the date of the request. Therefore, the request is medically necessary, for all of the stated reasons. REFERENCES: MTUS Chronic Pain Medical Treatment Guidelines, page 91, Opioids, Specific Drug List topic.