

Case Number:	CM14-0103280		
Date Assigned:	07/30/2014	Date of Injury:	06/10/2010
Decision Date:	09/25/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/04/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45-year-old individual was reportedly injured on 6/10/2010. The mechanism of injury was noted as cumulative trauma. The most recent progress note, dated 6/11/2014, indicated that there were ongoing complaints of chronic neck pain that radiated down the left upper extremity. The physical examination demonstrated cervical spine limited range of motion with pain. Positive tenderness to palpation bilateral paravertebral muscles was noted with spasm. There was positive tenderness to palpation of the sternal joint, paracervical muscles, rhomboids, and trapezius muscles. Spurling's maneuver caused pain in the muscles of the neck radiating into the upper extremity. Reflexes were 2/4 in the bilateral upper extremities. Thoracic spine had positive tenderness to palpation of the paravertebral muscles bilaterally. Trigger point was with radiation of pain and twitch response on palpation at cervical paraspinal muscles on the right and left trapezius muscles. Left shoulder was a limited exam due to pain. There was also positive tenderness to palpation over mid-biceps tendon. Muscle strength upper extremities was 5/5. Decreased sensation to light touch over C5-C6 on the left upper extremity. Spurling's test was positive. No recent diagnostic studies are available for review. Previous treatment included medications and conservative treatment. A request had been made for Norco 10/325 mg, Neurontin 400 mg and was not certified in the pre-authorization process on 7/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Norco is not medically necessary.

Neurontin 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug Page(s): 17, 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines consider gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain. There are minimal radicular symptoms noted on physical examination to include decreased sensation in the left upper extremity in the C5-6 dermatome. As such, this request for Neurontin is not medically necessary.