

Case Number:	CM14-0015418		
Date Assigned:	02/28/2014	Date of Injury:	10/25/2012
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/06/2014

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 Family 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 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 49 year-old male who was injured at work on 10/2/2012. The injuries he sustained were primarily to his right elbow and right wrist. He is requesting review of a denial for the ongoing use of Norco and Gabapentin for these problems. A review of his medical records is notable for ongoing care for persistent pain in the elbow and wrist. Office records indicate that he has presented to his treating physician with persistent pain in both hands and in his right elbow. His diagnoses include: Carpal Tunnel Syndrome (CTS) and Medial Epicondylitis. He was treated with a carpal tunnel brace, Ibuprofen, Norco, Flexeril, and Gabapentin. He was referred for EMGs and for a surgical consultation for the CTS and for the persistent medial epicondylitis. The EMG was described as "showing some sensory neuropathy and carpal tunnel syndrome on the right hand." The patient declined recommendations for corticosteroid injections or surgery and requested treatment with a pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60: 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, OPIOIDS, SPECIFIC DRUG LIST, 18-19, 91

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, SPECIFIC DRUG LIST Page(s): 18-19, 91.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines establish the criteria for the use of opioids for patients with chronic pain. It is clear in this case, that the use of Norco is as part of the on-going management of this employee's chronic pain syndrome. The guidelines state that for on-going management, actions should include: review and documentation of pain relief, functional status, appropriate medication use, and side effects. There should be evidence of documentation of the 4 A's for On-Going Monitoring (Page 78). Specifically, monitoring for pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is insufficient documentation in the records available for review that the treating physician has performed this level of monitoring. Given the insufficient documentation for the on-going use of Norco, the medication is not considered as being medically necessary.

GABAPENTIN 300MG #60: 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, GABAPENTIN (NEURONTIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ANTIPILEPSY DRUGS (AEDS) Page(s): 16-22.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines indicate the criteria for the use of antiepilepsy drugs (AEDs) such as Gabapentin. These drugs are recommended for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse side effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. Finally, these criteria suggest a recommended trial period. There should be documentation of an adequate trial with Gabapentin for three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The records provide insufficient information to indicate that this employee's primary pain syndrome is in fact neuropathic pain. Further, there is insufficient documentation on pain relief and improvement in function. Further, there is no documentation on a trial period to include titration of Gabapentin. For these reasons, the ongoing use of Gabapentin is not considered as medically necessary.