

Case Number:	CM14-0112737		
Date Assigned:	08/01/2014	Date of Injury:	12/04/2007
Decision Date:	12/26/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, the injured worker is a 53 year old with a date of injury of December 4th, 2007. The mechanism of injury is documented as the patient scanning packages at work when, while lifting packages, he noted a snap sensation in his left elbow followed by immediate pain. There is a clinical note dated May 16th, 2014 in which the injured worker complained of worsening neck, upper extremity and hand pain. On exam, there is documentation of weakness and restricted range of motion of the left elbow. There is documentation of treatment with past physical therapy and that the injured worker's symptoms were improving. There is documentation of a cervical spine fusion dated October 28th, 2010. According to the clinical note dated May 16th, 2014, the injured worker is taking Norco, Ambien, Lisinopril, Atenolol and Hydrochlorothiazide. There is no documentation of a functional improvement in the injured workers condition or a treatment plan with the prescribed medication. The injured worker is documented to have a left cubital tunnel syndrome in the clinical note dated May 16th, 2014. There is no documentation of an electrodiagnostic study (EMG/NCV) testing to aid in the diagnosis of a left cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-77.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that Norco is a short acting opioid and as such is an effective method to control chronic pain. Short acting opioids are often used for controlling intermittent or break through pain. It is further stated in the guidelines that the use of opioids should be part of a treatment plan that is tailored to the individual patient. There should be documentation of alternative non opioid medications that have been tried and failed. In the case of the injured worker above, there is no documentation of a specific treatment plan for the use of opioid medications for this injured worker. There is no documentation of a specific clinical therapeutic benefit for the use of opioids in this case. Therefore, according to the guidelines and a review of the medical evidence, the request for Norco 10/325mg, #120 is not medically necessary.

Neurontin 600mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs; Neurontin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 97-98.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines states that anti-epilepsy medications (AEDs) are recommended for the treatment of neuropathic pain. The guidelines further state that Gabapentin is considered first line management for neuropathic pain. Although the injured worker has a documented diagnosis in the medical record of a left cubital tunnel syndrome, there is no documentation in the medical record of a clinical exam that is consistent with cubital tunnel syndrome. There is no documentation of an electrodiagnostic study (EMG/NCV) in the medical record to further substantiate a diagnosis of a left cubital tunnel syndrome. This lack of documentation makes it difficult to substantiate with clinical certainty that the injured worker's pain is indeed neuropathic in nature. Therefore, based on the guidelines and a review of the evidence, a request for Neurontin 600 mg, #90 tabs is not medically necessary.