

Case Number:	CM14-0119441		
Date Assigned:	08/06/2014	Date of Injury:	05/20/2011
Decision Date:	09/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old male who reported an injury on 05/20/2011. The mechanism of injury was not provided with the documentation submitted for review. The injured worker was noted to have diagnostic studies of nerve conduction study and electromyography. His diagnosis was noted to be severe carpal tunnel syndrome, left greater than right; confirmed by nerve conduction study. Surgical history includes an open bilateral median nerve decompression and carpal tunnel release. It is noted that the injured worker had prior treatments of a wrist splint, physical therapy, injections and medications. Medications were noted to be Gabapentin, Percocet, Tramadol, and Vicodin. A clinical evaluation on 06/02/2014 notes the injured worker with subjective complaints of increasing neck and arm pain rated a 3/10 to 5/10 in severity. It is noted that the injured worker is status post anterior cervical fusion at C5-6 and C6-7. The objective physical exam findings noted a well healed incision anteriorly and minimal restriction with the cervical spine. Neurologically, he was globally intact with patchy sensory changes in the left upper extremity. Reflexes were diminished and vascular examination was normal. The treatment plan included a prescription for a physical therapy range of motion and strengthening program, injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The request for Norco 10/325mg #120 with 2 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behavior these domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review fails to provide an adequate pain assessment for a chronic pain patient on opiates. The pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to an inadequate pain assessment, the provider failed to indicate a dosage frequency. As such, the request for Norco 10/325mg #120 with 2 refills is not medically necessary.

Gabapentin 300 mg #90 with two refills: Upheld

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

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

Decision rationale: The request for Gabapentin 300mg #90 with 2 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines states "Gabapentin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia, and has been considered a first line treatment 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 this antiepilepsy drug depends on improved outcomes versus tolerability of side effects." The documentation provided does not support efficacy with prior use of Gabapentin. In addition, the provider's request failed to indicate a dosage frequency. Therefore, the request for Gabapentin 300mg #90 with 2 refills is not medically necessary.

Cymbalta 30 mg or 60 mg #30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 43-44.

Decision rationale: The request for Cymbalta 30mg or 60mg #30 with 2 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend Cymbalta as an option in first line treatment for neuropathic. Assessment of treatment efficacy should not only include pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The documentation submitted for review fails to provide documented evidence of efficacy of the injured worker's use of Cymbalta. In addition, the request for 30mg or 60mg is an invalid request with a dosage frequency lacking. As such, the request for Cymbalta 30mg or 60mg #30 with 2 refills is not medically necessary.