

Case Number:	CM14-0119862		
Date Assigned:	08/06/2014	Date of Injury:	06/09/2007
Decision Date:	10/03/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 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:

This is a 42-year-old male with a 6/9/07 date of injury. The mechanism of injury occurred when he was unloading a trailer and the contents came crashing down off the trailer. This knocked him backwards and trapped his right arm, causing 3 fractures. According to a progress report dated 6/23/14, the patient denied any new problems. Objective findings: antalgic gait. Diagnostic impression: pain in joint, wrist and hand; status post foot surgery. Treatment to date: medication management, activity modification, home exercise program, TENS unit, surgery. A UR decision dated 7/3/14 modified the requests for Tylenol No.3 from 60 tablets to 45 tablets and Neurontin from 30 tablets to 10 tablets for weaning purposes. Regarding Tylenol No.3, there has been no quantified pain reduction or evidence of functional gains made. Regarding Neurontin, there is no reported improvement in symptoms and furthermore, there is no indication of neuropathy for which would require use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol no.3, QTY: #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tylenol no.3, QTY: #60 with 1 refill was not medically necessary.

Neurontin 300mg QTY: #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ani-epilepsy drugs (AED's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-18, 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In the reports reviewed, there is no documentation that the patient has a neuropathic component to his pain. A specific rationale identifying why Neurontin is indicated for this patient was not provided. Therefore, the request for Neurontin 300mg QTY: #30 with 1 refill was not medically necessary.