

<b>Case Number:</b>	CM14-0145052		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	10/29/2003
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Internal 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:

The injured worker (IW) is a 64-year-old man with a date of injury of October 29, 2003. The mechanism of injury was not documented in the medical record. Pursuant to the progress report dated July 25, 2014, the IW complains of neck and right shoulder pain. The pain is rated 5/10 and described as constant, achy, throbbing, and worse with stress and activity. Objective physical findings revealed cervical spine decreased painful range of motion. Extension is 25, flexion is 40. There are positive myospasms in the bilateral superior trapezius. There is decreased sensation in the right C5 dermatome. The IW has been diagnosed with neck sprain/strain, worse; rotator cuff sprain/strain, same; chronic pain syndrome, same; and chronic cervical radiculitis, unstable. Current medications include Norco 7.5mg, Naprosyn 500mg, and Gabapentin 100mg. The note states that the IW is to discontinue Pamelor due to dizziness and start Gabapentin. Documentation in the medical record indicated that the IW was taking Percocet and Vicodin in notes dated July 8 2006. It appears that the IW started taking Naprosyn in January of 2014. The provider documents the following in his treatment plan: Considering chronic use of medications, request authorization for blood test (CMP) to monitor kidney and liver function. Request authorization for C/S epidural steroid injection at right C5-C6 under fluoroscopy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 7.5/325 mg #120 is not medically necessary. Ongoing, chronic use of opiates requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Detailed pain assessments should be in the medical record. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 64 years old with the date of injury October 29, 2003. The injured worker was being treated for neck and right shoulder complaints. The documentation in the medical record shows the injured worker was taking Percocet in a progress note dated July 8, 2006. In a progress note dated March 23, 2010, the injured worker was taking Vicodin and Percocet. In February 2014 Vicodin was discontinued and Norco 7.5 started. A review of the documentation lacked evidence of objective functional improvement associated with ongoing Norco use. Continued use of opiates is dependent upon evidence of improved functioning and pain relief. This was lacking from the medical documentation. Consequently, Norco 7.5/325 mg #120 is not medically necessary.

**Neurontin 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Gabapentin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 100 mg #90 is not medically necessary. Neurontin (Gabapentin) is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. It is considered a first-line treatment for neuropathic pain. In this case, the injured worker is 64 years old and had taken Neurontin in the past. The Neurontin was discontinued because of the side effect dizziness. The injured worker was switched to Lyrica for the neuropathic symptoms. The start and stop dates of Neurontin (because of dizziness) was not present in the medical record. There is no documentation to support the reissuance of Neurontin and consequently, Neurontin is not clinically indicated. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Neurontin 100 mg #90 is not medically necessary.

**1 blood test Comprehensive Metabolic Panel (CMP) to monitor kidney and liver function:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical, NSAIDs Page(s): 6, 67.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, comprehensive metabolic panel to monitor kidney and liver function is not medically necessary. The guidelines suggest periodic lab monitoring with a complete blood count and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not established. In this case, the injured worker is 64 years old with a date of injury October 29, 2003. In a progress note dated July 8, 2006, the injured worker was taking the nonsteroidal anti-inflammatory drug Celebrex. There is no indication comprehensive blood test was taken at that time. A progress note dated January 21, 2014 indicates the injured worker was taking Naprosyn. There was no blood tests in the medical record. It is unclear whether any blood tests have been performed to date and whether, in fact, the blood test is for the nonsteroidal anti-inflammatory drug or some other medication. Thorough history taking is important in clinical assessment and treatment planning for the patient with chronic pain. A thorough physical examination is important to establish/confirm diagnoses and to observe/understand pain behavior. Diagnostic studies should be ordered in this context and not simply for screening purposes. The physician request appears to be a blood test for screening purposes which is not clinically indicated. The specifics/clinical indication for the comprehensive metabolic panel is not present in the medical record. Consequently, one blood test comprehensive metabolic panel to monitor kidney and liver function is not medically necessary.