

<b>Case Number:</b>	CM14-0164605		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	01/06/2005
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 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 underlying date of injury in this case is 01/06/2005. The date of the utilization review under appeal is 09/11/2014. The patient's primary treating physician appealed a denial 08/27/2014 regarding Neurontin and Norco. The treating physician discussed this patient's history of probable cubital tunnel release in the right elbow, status post right hand carpal tunnel release and chronic lateral complex strain of the right elbow and right upper extremity complex regional pain syndrome, status post cervical spinal cord stimulator trial. The treating physician notes that as a result of the patient's medications being stopped her pain had markedly escalated and she was unable to sleep and was unable to perform any activity, and the pain in her left arm was unbearable. The patient reported she was unable to cook for her family or clean her home and was spending the majority of the time in bed and was tearful and distraught regarding stopping medications. The treating physician notes there were no aberrant behaviors, and he requests that the medications be restored.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 100mg #90 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16-17, 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic medication Page(s): 18.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on antiepileptic medications states Neurontin is a first-line treatment for neuropathic pain. The prior treatment review expressed concern that there was not sufficient documentation of benefit from this medication. The medical records do document numerous occasions the patient reports of improved function and improved sleep in particular with this medication. The recent appeal note particularly notes declined functioning when the medication was withdrawn. The medical records do support an indication for Neurontin. Therefore, the request for Neurontin 100mg #90 with 3 refills is medically necessary and appropriate.

**Norco 10/325mg #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management discusses the 4 A's of opioid management in detail. Although the treating physician discusses functional benefit from medications, it is not clear that this patient has a diagnosis for which chronic opioid use is indicated. The records do not clearly indicate that this patient has had a maximum trial of neuropathic pain options, which are preferable for managing this patient's diagnoses. Thus, overall the 4 A's of opioid monitoring have not been met with reference to an indication for chronic opioid use, as opposed to other types of treatment for chronic neuropathic pain. Therefore, the request for Norco 10/325mg #120 with 3 refills is not medically necessary and appropriate.