

Case Number:	CM14-0165329		
Date Assigned:	10/10/2014	Date of Injury:	09/28/1999
Decision Date:	11/20/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 is a 47-year-old woman with a date of injury of September 28, 1999. The mechanism of injury was not provided within the documentation for review. Current medications were noted to include: Naproxen 500mg 2 times a day; Percocet 5/325mg 1 to 2 tablets by mouth especially at night; Neurontin 300mg, 2 tablets at bedtime X 2 weeks, then increase to 1 tablet in the AM and 2 tablets QHS; and Protonix 40mg 1 tablet BID. A progress note dated March 31, 2014 indicates Neurontin 300mg, Percocet 5/325mg, and Naprosyn 500mg indicating long-term use. There is no documentation in regards to functional improvement while taking the prescribed medications. Surgical history and diagnostic studies were not provided for review. Other therapies have included: Corticosteroid injections, activity modification, and physical therapy. The progress note dated September 3, 2014 indicates that the IW presented with complaints of pain described as numbness and tingling that goes all the way into her right upper extremity. The right shoulder range of motion revealed abduction to 110 degrees, adduction to 30 degrees, flexion to 30 degrees, internal rotation to 30 degrees, and external rotation to 30 degrees. The IW also presented with a positive drop arm and impingement sign. Reflexes were noted to be 2+ throughout and motor strength was rated 5/5. The physician indicated that the sensory examination was normal in all dermatomes of the upper extremities bilaterally. There were 4 areas of taut bands and trigger point tenderness with referral of the pain into the upper extremities. Diagnoses include: Right shoulder pain, right shoulder impingement syndrome, and myofascial pain syndrome. There is not a clearly define treatment plan documented in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #120 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Criteria for Opiate Use

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 5/325 mg one tablet every six hours #120 with two refills is not medically necessary. In the presence of long-term opiate use, there needs to be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain; police reported pain; 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, increase level of function or improve quality of life. In this case, the injured worker has been taking Percocet since March 2014. There were no other progress notes in the medical record prior to that date so it is unclear as to the total duration of Percocet use. The medical record does not contain documentation of ongoing review, documentation levels of analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. Medical record states there has been a recent change in sleep pattern due to pain. There is no documentation indicating a functional improvement as a result of Percocet use. Additionally, there is no treatment plan in the medical record. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Percocet 5/325 mg. one tablet every six hours #120 with two refills is not medically necessary.

Neurontin 300mg 2qhs x7 days then 1am, 2HS #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); and On-going Management Page(s): 78.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Gabapentin (Neurontin) 300 milligram, two tablets QHS times two weeks then increase to one tablet every morning and two tablets at bedtime, #90. The guidelines state Gabapentin is recommended for some neuropathic pain conditions. It is associated with a modest increase in the number of patients experiencing meaningful pain reduction. It is a first-line treatment for neuropathic pain. In this case, the injured worker has been taking gabapentin for several months. The progress note dated March 20, 2014 notes gabapentin was being taken. Consequently, the injured worker has been taking gabapentin long-term. There is no

documentation as to functional improvement. In the absence of documented improvement on long-term gabapentin, the drug renewal is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, gabapentin (Neurontin) 300 mg two tablets QHS for two weeks and increased to one tablet every morning and two tablets at bedtime, #90 is not medically necessary.

Naprosyn 500mg BID w/food #60 Refills:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain chapter, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn 500 mg b.i.d. with food #60 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker has been taking Naprosyn for several months. The last progress note in the record is dated March 20, 2014 and it reflects Naprosyn was being taken at that time by the injured worker. Additionally, there is no documentation in the medical record indicating functional improvement. Consequently, Naprosyn 500 mg b.i.d. with food #60 with two refills is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Naprosyn 500 mg b.i.d. with food #60 with two refills is not medically necessary.