

Case Number:	CM14-0170544		
Date Assigned:	10/20/2014	Date of Injury:	09/21/2011
Decision Date:	11/20/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/15/2014

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 New Jersey. 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 worker is a 58 year old female who was injured continuously leading up to 9/21/2011. She was diagnosed with right shoulder impingement syndrome, cervical strain/sprain, carpal tunnel syndrome, sprain/strain of sacroiliac area, and right wrist musculoligamentous sprain/strain. She already had a diagnosis of lumbar disc disease, treated with surgery prior to the injury reported in 2011. She was treated with physical therapy, acupuncture, injections, and medications (including opioids and anti-epileptics). On 8/18/14 (most recent progress note prior to request available for review), she was seen by her orthopedic physician reporting her overall pain level at 5/10 on the pain scale. Physical findings included tenderness of the right shoulder and positive right shoulder impingement testing. The worker was then recommended arthroscopic surgery on the right shoulder. Later, on 9/25/14, she was recommended she use Norco and Neurontin, both of which she had been using for at least many months prior to the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence of a full review as stated above. There was no up-to-date documentation reporting the Norco benefitting the worker's overall function. Therefore, the Norco is not medically necessary.

Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the most recent progress note from prior to the request submitted for review (8/18/14) by the worker's requesting orthopedic physician, there was insufficient evidence of neuropathic pain. Also, it was not exactly clear as to which injury or body area the Neurontin was treated (from the documents submitted for review). Also, there was insufficient documentation showing evidence of functional benefit with Neurontin use. Therefore, the Neurontin is not medically necessary.