

Case Number:	CM14-0179678		
Date Assigned:	11/04/2014	Date of Injury:	11/20/2000
Decision Date:	12/12/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/29/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 60-year-old female who sustained a remote industrial injury on 11/20/00 diagnosed with allodynia, pain in the joint of the hand, pain in the limb, and long-term use of medications. Mechanism of injury occurred when the patient was folding linen and something popped in the shoulder, and the arm/fingers went numb and cold. The request for Gabapentin 300mg #90 was modified at utilization review to certify Gabapentin 300mg #60 due to the risk for withdrawal syndrome from abrupt cessation and the lack of evidence of objective functional gains to support the ongoing use of this medication. The request for Norco 5-325mg #90 was non-certified at utilization review due to the lack of evidence of objective functional gains supporting the reported subjective improvement and the presence of marijuana and alcohol on the recent urine drug screen that reveals aberrant behavior. The request for axillary blocks x 3 under ultrasound guidance was also non-certified at utilization review due to the limited documentation of current specific and significant functional limitations and the lack of evidence-based medicine guidelines to support this intervention. Although this previous utilization review, which is dated 10/13/14, references the most recent progress report dated 10/01/14, this progress report is not included in the medical records submitted for review. Rather, the most recent progress note provided is 03/07/11. Patient complaints primarily of pain in the hands with numbness, tingling and pressure rated as a 6/10 with medications and an 8/10 without medications. Grabbing, holding, and lifting aggravate the pain, while medication, rest, and avoiding strenuous activity alleviate the pain. Physical exam findings reveal decreased grip strength on the right, slightly positive Tinel sign at the wrist bilaterally, and decreased sensation in the fingertips of both hands. Current pain medications include: Neurontin 300mg and Imipramine 10mg at bedtime. It is noted that the patient is not working and is retired. Provided documents include several previous progress reports that highlight the patient has been prescribed Gabapentin since at least 2010, operative

reports, agreed medical evaluations, a legal deposition, a lab report, electrodiagnostic reports with the most recent one revealing mild carpal tunnel syndrome bilaterally, notifications of denials/certifications, and prior utilization reviews. In the previous utilization review dated 10/13/14, the medications listed on the most recent progress report dated 10/01/14 include: Lisinopril 40mg daily, Metoprolol 100mg daily, Pravastatin 20mg daily, Aspirin 81mg daily, Gabapentin 300mg three times a day, Furosemide 20mg three times a day, Trazodone 150mg at bedtime, Nitrostat 0.4mg as needed, and Norco 5/325mg three times a day. The summary of this progress note also highlights that an in-office urine drug screen was positive for THC and negative for everything else. Lastly, the summary indicates that the pain cream, Gabapentin, and Norco are working well. The patient's previous treatments include braces, right carpal tunnel release, and physical therapy, left shoulder surgery, hand surgery, and medications. Imaging reports are not provided other than the aforementioned electrodiagnostic reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: In regards to the request for Gabapentin, California MTUS guidelines support the use of anti-epileptics for the treatment of chronic pain, particularly that which is neuropathic in nature. Guidelines specifically highlight, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, provided documentation does not identify the patient to have recent symptoms or objective findings indicative of neuropathic pain, as the most recent progress report provided is dated 2011. Guidelines further cite, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Provided documentation does not highlight such pain relief and improvement in function necessary to continue the use of Anti-epilepsy drugs, and the patient has been prescribed this medication since at least 2010. Lastly, the frequency dose of this medication is not specified in the request. Due to this lack of documentation, medical necessity cannot be supported and the request for Gabapentin 300mg #90 is not medically necessary.

Norco 5-325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: According to MTUS guidelines, on-going management of opioids consists of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In this case, the treating physician does not quantifiably document any functional improvement or pain relief with visual analogue scale scores pre- and post-opioid use, and the most recent progress note provided is dated 2011. There is also no documentation of a pain contract on file and the previous utilization review references an in-office urine drug screen that revealed inconsistent results. Lastly, the quantity and dosing frequency of this medication is not specified in the request. Due to this lack of documentation, the ongoing use of chronic opioids is not supported by MTUS guidelines and denial of Norco 5-325mg is recommended.

Axillary blocks under ultrasound guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sanders SH, Harden RN, Vicente PJ. Evidence based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. Chattanooga (TN): Siskin Hospital of Physical Rehabilitation; 2005. 41p [116 references]

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Nerve blocks Other Medical Treatment Guideline or Medical Evidence:
<http://www.ncbi.nlm.nih.gov/pubmed/21827442>

Decision rationale: This request is compared to ODG criteria on nerve blocks. According to ODG, "Suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis." In this case, it does not appear that the patient has a diagnosis of degenerative disease and/or arthritis, and the most recent progress note provided is dated 2011. Further, a peer-reviewed study on "Ultrasound-guided block of the axillary nerve: a volunteer study of a new method" concludes, "The potential clinical role of this new block remains to be determined." It appears that the requested block is still under study and therefore cannot be supported as medically necessary. Thus, the request for Axillary blocks under ultrasound guidance is not medically necessary.