

Case Number:	CM14-0179767		
Date Assigned:	11/04/2014	Date of Injury:	08/08/2012
Decision Date:	12/12/2014	UR Denial Date:	10/02/2014
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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow, wrist, hand, forearm, neck, and shoulder pain reportedly associated with an industrial injury of August 8, 2012. In a Utilization Review Report dated October 2, 2014, the claims administrator denied a request for Neurontin and partially approved a request for Norco. The claims administrator denied Neurontin on the grounds that the applicant did not have neuropathic pain for which Neurontin will be indicated. Norco was partially approved on the grounds that the claims administrator felt that the applicant should be re-evaluated more frequently. The applicant's attorney subsequently appealed. In a September 9, 2014 progress note, the applicant reported ongoing complaints of hand, wrist, shoulder, and elbow pain. The attending provider stated that the applicant was using Norco once daily and was using gabapentin three times daily. The attending provider stated that ongoing usage of medications was ameliorating the applicant's ability to perform activities of daily living but did not elaborate or expound upon the same. Permanent work restrictions imposed by a Medical-legal evaluator were renewed. The attending provider did not state whether the applicant was in fact working or not. In an earlier note dated April 1, 2014, the applicant was again given refills of Norco, Neurontin, Norflex, Prilosec, and Relafen. The attending provider stated that the applicant's function would likely deteriorate without the medications. The attending provider stated that the applicant's functions were improved medications but, again, did not elaborate as to what functions have specifically been improved. It was, once again, not clearly stated whether the applicant was working or not. On earlier progress notes of November 22, 2014 and January 24, 2014, the applicant again presented with multifocal complaints of neck, elbow, hand, shoulder, and wrist pain. The attending provider again stated that permanent work restrictions were being renewed as stipulated by

Medical-legal evaluator. The attending provider again stated that the applicant's function was improved with medications but did not elaborate or expound on the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #90 with 5 refills: 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 section Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as result of the same. Here, however, the attending provider has not clearly established what functions or functionalities have been specifically ameliorated as result of ongoing Neurontin usage. It did not appear that the applicant has returned to work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of Neurontin has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Neurontin. Therefore, the request is not medically necessary.

Norco 2.5/325mg, #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. In this case, the applicant, however, does not appear to be working with permanent limitations in place. The attending provider has failed to describe any quantifiable decrements in pain or material improvements in function achieved as result of ongoing Norco usage. Therefore, the request is not medically necessary.