

Case Number:	CM14-0180161		
Date Assigned:	11/04/2014	Date of Injury:	06/26/2007
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
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 Interventional Spine 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 patient is a 63-year-old male with a date of injury of 06/26/2007. The listed diagnoses per [REDACTED] are: 1. Status post positive diagnostic right C2 to C4 facet joint medial branch block. 2. Right cervical facet joint pain at C2 to C4. 3. Central disk protrusion at C4 to C7 measuring 2-mm. 4. Moderate to severe right CTS. 5. Perineal neuropathy. 6. Moderate right C5 neuroforaminal stenosis. 7. Cervical sprain/strain. 8. Right shoulder internal derangement. 9. Status post right shoulder surgery. 10. Insulin dependent diabetes. 11. Hypertension. 12. GERD. 13. Anxiety. According to progress report 09/02/2014, the patient presents with right neck pain and right shoulder pain with numbness and weakness of the right hand. The patient's current medications includes Norco 10/325 mg, metformin 500 mg, Humulin, Pamelor 25 mg, Pepcid 40 mg, terazosin 5 mg, Neurontin 300 mg. Examination revealed cervical and right shoulder ranges of motion were restricted on all planes. There was tenderness upon palpation of the cervical paraspinal muscles overlying the C2 to C7 facet joints. Right shoulder impingement sign were positive. Treater is requesting a refill of medications. Utilization review denied the request on 10/15/2014. Treatment reports from 10/29/2014 through 09/02/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300 mg qty 270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin Page(s): 19.

Decision rationale: This patient presents with neck and right shoulder pain. The treater is requesting Neurontin 300 mg qty 270 (t.i.d.). The MTUS Guidelines page 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered a first line treatment of neuropathic pain." Review of the medical file indicates that the patient has been prescribed these medications since 10/29/2013. In this case, recommendation for further use cannot be supported as the treater provides no discussion regarding this medications efficacy. Report 05/13/2014 and 08/05/2014 provides a pain scale denoting patient's current pain level. There is no documentation of a decrease in pain or any discussion of functional improvement with taking Neurontin. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation cannot be supported. The request is not medically necessary.

Norco 10/325 mg qty 480: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78 and 88-89.

Decision rationale: This patient presents with neck and right shoulder pain. Treater is requesting Norco 10/325 mg qty 480 (q.i.d. p.r.n. pain). The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical files indicates the patient has been utilizing Norco for pain since 10/29/2013. In this case, recommendation for further use cannot be supported as the treater provides no discussion regarding the medications efficacy. There is no documented decrease in pain utilizing a pain scale or discussion of functional improvement or changes in ADLs with using long term Norco. Urine drug screen was provided on 02/18/2014 which was consistent with the medications prescribed, but the treater does not discuss adverse side effects or a possible aberrant behaviors. It was noted the patient is currently not working. Given the lack of sufficient documentation for opiate management, the request is not medically necessary.