

Case Number:	CM14-0185382		
Date Assigned:	11/13/2014	Date of Injury:	02/06/2007
Decision Date:	12/15/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine & Rehabilitation 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 58-year-old who reported an injury on 02/06/2007 due to an unknown mechanism. Diagnoses were status post right knee arthroscopy, status post left carpal tunnel release, status post right carpal tunnel release, complex regional pain syndrome, right carpal tunnel syndrome, left carpal tunnel syndrome and status post cervical spine fusion. Physical examination on 10/21/2014 revealed complaints of burning pain in the neck that was spreading to the patient's head and upper extremities with numbness and tingling in bilateral wrists and hands, worse on the right. The injured worker was currently utilizing morphine sulfate ER 15 mg every 8 hours for baseline pain and Norco 10/325 mg 1 tablet 4 times a day for breakthrough pain. The injured worker denied any side effects from her medications. The injured worker reported with the use of her pain medication her pain level drops to a 4/10. The injured worker also reported improved function with the use of her pain medication and was able to perform routine activities of daily living. It was reported that the injured worker was wearing bilateral wrist braces and reported tenderness over wrists and hand. Treatment plan was to continue with medications and to start Neurontin 300 mg at bedtime for 7 days then increase to twice a day to treat neuropathic pain. Also, the injured worker was encouraged to continue home exercise program. The rationale was not submitted. The Request for Authorization was submitted, dated 09/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 120: 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.

Decision rationale: The decision for Norco 10/325 mg quantity 120 is not medically necessary. The California Medical Treatment Utilization Schedule recommends providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function and it is recommended that ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be reported. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The documentation submitted for review lacks evidence of appropriate drug taking behaviors. Although, the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Morphine sulfate 15 mg # 90: 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.

Decision rationale: The decision for morphine sulfate 15 mg quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function and they recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The provided medical documentation lacks evidence of appropriate drug taking behaviors. Although, the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Neurontin 300 mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16-17.

Decision rationale: The decision for Neurontin 300 mg quantity 60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend Antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and an objective functional improvement. The injured worker was started on Neurontin according to the clinical note dated 10/21/2014 and there were no clinical notes after this date submitted. There was no documentation of objective decrease in pain or objective functional improvement reported. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.