

<b>Case Number:</b>	CM14-0020320		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/23/2008
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 hand and wrist pain reportedly associated with an industrial injury of April 23, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; psychotropic medications; psychotherapy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated February 7, 2014, the claims administrator failed to approve requests for Norco and Neurontin. The applicant's attorney subsequently appealed. In an August 19, 2013 progress note, the applicant reported ongoing complaints of hand pain, depression, anxiety, and social withdrawal. The applicant was considering returning to his native Mexico, it was acknowledged. The applicant had lots of morbid thinking. The applicant was using Viibryd, Latuda, and Klonopin. The applicant was placed off of work, on total temporary disability, from a mental health perspective. In an earlier note dated August 15, 2013, the applicant presented to a psychologist with a tearful affect, with complaints of depression, weakness, psychological stress, anger, worry, forgetfulness, back pain, fatigue, malaise, and loss of appetite. The applicant was quite worried. The applicant was having issues associated with hand pain, it was further noted. The applicant stated that he was unable to make a living for himself and his family. Additional psychotherapy was sought. In a December 27, 2013 psychiatry note, the applicant felt stressed, frustrated, and anxious. The applicant was having a variety of financial and housing stressors. The applicant was not having appropriate financial support, it was acknowledged. The applicant was frustrated and angered over his situation. In a December 16, 2013 medical progress note, the applicant reported ongoing complaints of hand pain. The applicant stated that his medications were stolen out of his car. The applicant never presented for an early renewal. The applicant was given primary diagnosis of complex regional

pain syndrome of the hand following an earlier laceration injury to the same with associated severe pain complaints. The applicant was asked to continue gabapentin for a total daily dose of 3600 mg daily. The applicant was placed off of work, on total temporary disability. On November 11, 2013, the applicant was again placed off of work, on total temporary disability, while Norco and Neurontin were renewed, without any explicit discussion of medication efficacy. The applicant was using transportation to and from appointments and to and from his psychotherapy visits, it was acknowledged. The majority of the information on file comprised of psychology and/or psychiatry progress notes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #120 no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 a result of the same. Here, however, the applicant was/is off of work, on total temporary disability. The bulk of the progress notes, referenced above, suggested that the applicant was having difficulty performing a variety of activities of daily living, including gripping, grasping, etc., owing to ongoing pain complaints and depressive symptoms. The attending provider failed to outline any quantifiable decrements in pain or material, tangible improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Neurontin 60mg #180 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section 9792.20f 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 a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing gabapentin usage. The fact that the applicant continues to remain dependent on opioid agents such as Norco, coupled with the fact that the applicant remains off of work, on total temporary disability, does suggest a lack of functional improvement as defined in

MTUS 9792.20f, despite ongoing, longstanding usage of Neurontin (gabapentin). Therefore, the request was not medically necessary.