

<b>Case Number:</b>	CM14-0023380		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	12/14/2004
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 has filed the claim for bilateral carpal tunnel syndrome reportedly associated with an industrial injury of December 14, 2004. 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; and adjuvant medications. In a progress note dated February 5, 2014, the applicant was described as reporting persistent low back pain with decrease sensorium noted about the lower extremities. The applicant did have a history of diabetes. The applicant was using four tablets of Norco daily. The applicant was asked to pursue sacroiliac joint injection therapy. Permanent work restrictions were endorsed. The applicant did not appear to be working. Norco, Neurontin, and heating pad were sought. It was stated that ongoing usage of Norco was helping the applicant to manage her daily pain complaints. The applicant was again described as having persistent pain complaints and was again described as permanent and stationary on January 8, 2014. The applicant was having difficulty performing even basic activities of daily living such as ambulating on that date, it was suggested. No December 6, 2013, the applicant was again described as permanent and stationary. The applicant could not undergo any interventional spine procedure owing to comorbid, uncontrolled diabetes, it was stated. On September 10, 2013, the applicant was described as working modified duty as a clerk with complaints of thumb numbness. The applicant was described as having carpal tunnel syndrome versus radial tunnel syndrome. There was no discussion of medication efficacy on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120 WITH TWO (2) REFILLS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. In this case, the applicant has returned to work as a clerk, admittedly with restrictions in place. The applicant's pain complaints are reportedly well-managed through ongoing Norco usage, the attending provider has posited on several progress notes, admittedly in somewhat sparse manner. Nevertheless, on balance, it appears that criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Therefore, the request was medically necessary.

**GABAPENTIN 300MG #30 WITH TWO (2) REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line treatment for neuropathic pain and is considered effective for the treatment of diabetic neuropathy. In this case, the applicant reportedly has some elements of diabetic neuropathic pain associated with uncontrolled diabetes. The applicant also has neuropathic pain associated with carpal tunnel syndrome. As with the request for Norco, the attending provider has, admittedly somewhat incompletely, documented the presence of improvements in pain and function with ongoing Neurontin usage. The applicant has returned to work as a clerk, which constitutes prima facie evidence of functional improvement as defined in MTUS 9792.20f. The attending provider has suggested that the applicant's pain levels have diminished with the ongoing Neurontin usage. Therefore, the request is medically necessary.