

<b>Case Number:</b>	CM14-0023577		
<b>Date Assigned:</b>	05/12/2014	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/19/2014
<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 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:

This 46 year-old patient sustained an injury on 9/10/09 while employed by the [REDACTED] [REDACTED]. Diagnoses include carpal tunnel syndrome, left shoulder/upper limb peripheral nerve injuries, ulnar nerve lesion, cervical sprain, and reflex sympathetic dystrophy of the upper limb. Report of 12/3/13 noted continued complaints of right wrist/hand and elbow pain with numbness and grip strength loss. Exam showed atrophy of right thenar web space; positive Tinel's and Phalen's testing with decreased sensation in forearm in ulnar and median nerve distribution; wrist flexion/extension/radial deviation of 35/35/15 degrees; right elbow with tenderness on palpation over ulnar groove; elbow flex/ext/supination/pronation of 125/0/80/80 degrees. Treatment plan include cortisone right wrist injection, physical therapy, and cervical MRI. Illegible report of 12/10/13 from the provider noted ongoing proposed treatment for upper extremity pain due to CRPS and CTS diagnoses.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO (HYDROCOD/APAP 10/325 MG) 1 BY MOUTH EVERY 6 HOURS AS NEEDED PAIN #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS  
Page(s): 74-96.

**Decision rationale:** Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Therefore, the request for Norco (Hydrocodone/APAP 10/325MG) 1 by mouth every 6 hours as needed for pain #120 is not medically necessary and appropriate.

**FEXMID (CYCLOBENZAPRINE 7.5MG) 1 BY MOUTH TWICE A DAY #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE  
RELAXANTS Page(s): 64.

**Decision rationale:** Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have not demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2009 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant, Fexmid has not been adequately addressed to warrant continued treatment regimen without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Therefore, the request for Fexmid (Cyclobenzaprine 7.5mg) 1 by mouth twice a day #60 is not medically necessary and appropriate.

**NEURONTIN (GABAPENTIN 600MG) 1 BY MOUTH TWICE A DAY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NTI-  
EPILEPSY DRUGS/GABAPENTIN Page(s): 18-19.

**Decision rationale:** Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2009 injury. Medical reports have not demonstrated specific neurological deficits or neuropathic pain and medical necessity have not been established. There for the request for Neurontin (Gabapentin 600mg) 1 by mouth twice a day is not medically necessary and appropriate.