MAXIMUS Federal Services

Case Number:	CM14-0032781		
Date Assigned:	06/20/2014	Date of Injury:	11/02/2007
Decision Date:	07/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/14/2014

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 Neurological Surgery 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 30-year-old male injured on November 2, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 4, 2014, indicated that there were ongoing complaints of right hand and wrist pains. The physical examination demonstrated a positive Tinel's, Phalen's and Durkin's tests at the wrist. There was tenderness over the scapholunate junction as well as pain on the dorsum of the wrist. The treatment plan included a request for an MRI of the right wrist and refills of Norco and Neurontin. A request had been made for Norco and Neurontin and was not certified in the pre-authorization process on February 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg #120, DOS 2/4/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009) Page(s): 78 OF 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the use of opioid medications, such as Norco, should be accompanied by documentation of the pain relief

and increased ability to function. The attached medical record stated that the injured employee still rated his pain level at 8/10 on the visual analog scale (VAS) with work despite taking this medication. As there appears to be no significant efficacy with this medication for the injured employee, this request for Norco is not medically necessary.

Retrospective request for Neurontin 600 mg #90, DOS 2/4/2014: Upheld

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 8 C.C.R. 9792.20 - 9792.26 (EFFECTIVE JULY 18, 2009) Page(s): 16 OF 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Neurontin is an anti-epileptic medication recommended for neuropathic pain. According to the attached medical record, the injured employee rated his pain level as 8/10 on the visual analog scale (VAS) with work despite taking this medication. Therefore, it is unclear whether this medication is still prescribed. The retrospective request for Neurontin 600 mg # 90, DOS 2/4/2014 is not medically necessary and appropriate.