

<b>Case Number:</b>	CM14-0037114		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Illinois. 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 62-year-old male who reported an injury on 08/25/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 04/22/2014 indicated diagnoses of carpal tunnel status post bilateral carpal tunnel release and left tendon transposition and status post right proximal row carpectomy. The injured worker reported right wrist and hand pain that he described as dull, sharp, and frequent rated 6-7/10 that was worse with the use of his hand and better with rest and stretching. The injured worker reported left wrist pain that was dull, sharp and constant rated 6- 7/10 worse with the use of his hand and better with rest. The injured worker reported he was able to rake the lawn and do work with medication. He reported wearing the wrist splint in the evening helped reduce some of his tingling and Norco decreased his pain 30% -40%. On physical examination, sensation was diminished in the last 2 fingers in the left hand. The injured worker had 4+ bilateral grip, Tinel's positive bilaterally, diminished range of motion in his right wrist with flexion and extension, and pain on bilateral carpometacarpal loading. The injured worker's prior treatments included diagnostic imaging, surgeries, and medication management. The injured worker's medication regimen included naproxen, Gabapentin, Norco, and Ambien. The provider submitted requests for naproxen, Gabapentin, and Norco. A Request for Authorization dated 03/13/2014 was submitted for naproxen, Gabapentin and Norco. However, a rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500 # 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines state Naprosyn is indicated for Osteoarthritis or ankylosing spondylitis or moderate to severe pain. The guidelines also state Naprosyn is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. The guidelines also indicate routine Suggested Monitoring: for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Naproxen is a second line treatment. The documentation submitted did not indicate a first line treatment had failed. In addition, the injured worker has been prescribed naproxen since at least 12/12/2013. This exceeds the Guidelines recommendation for short-term use. Additionally, the guidelines recommend, patients on NSAIDs have periodic lab monitoring. There was a lack of documentation to indicate the injured worker received periodic lab monitoring of a complete blood count and chemistry profile including liver and renal function tests. Furthermore, the request did not indicate a frequency for the Naproxen. Therefore, the request for Naproxen 500 # 100 is not medically necessary.

**Gabapentin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Anti-Epilepsy Drugs (AEDs) Page(s): 51-52, 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

**Decision rationale:** The California MTUS guidelines recognize Gabapentin/Neurontin 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. The documents submitted did not indicate the injured worker had findings that would support he was at risk for postherpetic neuralgia or diabetic painful neuropathy. However, the clinical notes do indicate neuropathic pain. Additionally, the provider did not indicate a frequency for the medication. Therefore, the request for Gabapentin 300 mg #90 is not medically necessary.

**Norco 10/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, 91. Decision based on Non-MTUS Citation Non-MTUS Ann Inter Med 2007, page 146, 116-127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request for Norco 10/325 #60 is not medically necessary.