

Case Number:	CM14-0039399		
Date Assigned:	06/27/2014	Date of Injury:	02/16/2010
Decision Date:	08/14/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/03/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 53-year-old female with the date of injury of 2/16/2010. The mechanism of injury was pain in her right shoulder, right elbow and right wrist after lifting an approximately 80 pound trash bag. The past medical history included hypertension and asthma. She had a nerve conduction study initially following which she was diagnosed with carpal tunnel syndrome and had right wrist surgery in 2010. In 2012, she again was placed on disability for worsening pain and after an magnetic resonance imaging (MRI) of the right elbow, she again underwent right elbow surgery and physical therapy. The progress note from the treating provider from the visit on 02/24/14 was reviewed. The primary complaints were pain and pressure in cervical spine. The pain was worse with head movements and better with medications and stretching. The status of the patient's condition was noted to be worsening with burning and weakness. She also reported right shoulder pain posteriorly, worse since shock wave therapy one week prior. The pain was worse with pulling, pushing, lifting or sleeping on that side. The pain level was 8/10 without medications and 6/10 with the medications. Her medications included Norco 10/325mg three times daily and Neurontin 600mg twice daily. The pertinent objective findings included positive Spurling's test, decreased range of motion of spine, tenderness to palpation over paravertebral muscles and trapezius. There was tenderness over right shoulder, with impingement sign, decreased range of motion and 4/5 weakness. Evaluation included an Electromyogram (EMG) and Nerve Conduction Studies of right upper extremity that was negative in July 2013. The diagnoses included cervical spine sprain/strain with right upper extremity radiculopathy, right shoulder pain, epicondylitis, supraspinatus tendonitis and cubital tunnel release. The plan of care included shock wave therapy to right shoulder, chiropractic therapy, urine drug screen, continuing Norco 10/325 mg two times a day, Neurontin 600mg twice daily and temporary disability for another six weeks. The urine drug screen on 02/25/14 was negative for opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

One random urine sample: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Steps to avoid misuse. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Critical Care- Urinalysis Drug Screen <https://sso.state.mi.uspg> 10, 32-33.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug testing Page(s): 43.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend obtaining drug tests intermittently while on Opioids. But the MTUS does not address the frequency with which testing should be done. The American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) guidelines recommend urine drug screenings up to 4 times a year while on Opioids as well as for cause like drug intoxication, motor vehicle crash, lost or stolen prescriptions, using more than one provider and selling of medications. The employee had been on Norco 10/325mg three times a day. There is no documentation of prior urine toxicology screen. Hence a request for urine drug screen is medically necessary and appropriate.

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: According to California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for shoulder and cervical spine pain. She had been on opioids since at least January 2013 with minimal relief in pain. The pain was 8/10 without medications and 6/10 with medications. She was reportedly taking Norco 3 tablets per day which was being decreased to 2 tablets a day. She had a urine drug screen that failed to detect Opioids. She was not working. Given the lack of improvement of her functional status, inability to return to work, nonimprovement or minimal improvement of pain despite being on opioids and urine drug screen showing an absence of opioids, the request for ongoing prescription of Norco 10/325mg is not medically necessary or appropriate.

Neurontin 600mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin)- anti-epilepsy drug (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 17-20.

Decision rationale: The employee was being treated for right shoulder pain and cervical spine pain. Neuropathic pain is characterized by lancinating, electric shock like, paroxysmal, tingling, numbing and burning sensations that are distinct from nociceptive pain. The most recent electromyogram (EMG) and nerve conduction velocity studies (NCV) was reportedly normal in 2013. There is a history of carpal tunnel release and cubital tunnel release. But her symptomatology is mostly from her shoulder pathology and neck with some radiculopathy symptoms without imaging or electrodiagnostic study corroboration. The pain also decreased less than 50% from her baseline (from 8/10 to 6/10 with medications). The request was for Neurontin twice daily. According to MTUS guidelines, Gabapentin is recommended for neuropathic pain due to postherpetic neuralgia, diabetic neuropathy or lumbar spinal stenosis. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects. Given the lack of significant improvement of pain or functional status and given the lack of evidence of neuropathy in EMG/NCS, the request for Gabapentin is not medically necessary or appropriate.