

Case Number:	CM14-0066122		
Date Assigned:	07/11/2014	Date of Injury:	04/18/2013
Decision Date:	09/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 and 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:

The injured worker is a 46-year-old male, who reported an injury after he fell 04/18/2013. The clinical note dated 03/18/2014 indicated diagnoses of status post left radial fracture with open reduction internal fixation with persistent swelling and pain, status post left carpal tunnel release, left C6 and left C7 radicular findings, probable cervical sprain, rule out cervical disc contributing to the injured worker's left shoulder and left upper extremity pain, tinea pedis of both feet, and possible early CRPS 1. There is reported left shoulder pain with swelling in the left antecubital fossa. Left elbow pain with swelling in the left hand compared to the right hand was reported by the injured worker. He had pain in his left wrist and left shoulder and complained of left-sided sweating of his body and his left arm and some sweating of the left thigh. On physical examination cervical spine, there was reduced range of motion. There was left paracervical tenderness, C2-7, and parathoracic tenderness, T1-7. Physical examination of the left shoulder revealed reduced range of motion with swelling to the left hand compared to the right. There was left shoulder rotator cuff and supraspinatus tenderness. There is tenderness to the left wrist with slight tenderness and swelling in the area of the medial epicondyle. The treatment plan included refill of Norco and gabapentin, request for cervical x-rays. The prior treatments included diagnostic imaging, surgery, and medication management. The medication regimen included Norco and gabapentin. The provider submitted a request for the above medications. A Request for Authorization was not submitted for review, to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120 1 po prn with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing 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 an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request for Norco is not medically necessary and appropriate.

Gabapentin 300 mg 3 times a day with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Anti-epilepsy drug (AEDs -also referred to as anti-convulsants).

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. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the documentation submitted did not indicate the injured worker had findings that were indicative of neuropathy. Furthermore, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request for Gabapentin 300 mg 3 times a day w/3 refills is not medically necessary and appropriate.