

Case Number:	CM14-0087951		
Date Assigned:	07/23/2014	Date of Injury:	12/04/2007
Decision Date:	09/25/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 54 year old male with complaints of neck pain, left arm pain. The date of injury is 12/7/07 and the mechanism of injury is repetitive motion/lifting injury (scanning and tossing 5 pound packages). At the time of request for the following: 1. Neurontin 300mg #90 2. Ambien 10mg #30 3. Norco 10/325 #120, there is subjective (neck pain, left upper extremity pain in the shoulder, elbow, forearm, and hand) and objective (left frozen shoulder with weakness, ulnar nerve signs of entrapment at the elbow, bilateral carpal tunnel nerve entrapment signs, pain and weakness left upper extremity, decreased sensation light touch left hand, decreased tone and bulk left upper extremity, surgical scar left elbow) findings, imaging findings (no reports submitted but mentioned in progress note MRI elbow shows partial tear tendon), diagnoses (Adhesive capsulitis left shoulder, enthesopathy left elbow, Carpal tunnel syndrome bilateral, sprain/strain left hand, postop cervical fusion with cervical radiculopathy), and treatment to date (medications, surgeries on cervical spine and ulnar release left elbow, therapy). In regards to Norco, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Zolpidem is a short acting prescription non-benzodiazepene hypnotic approved for short term treatment of insomnia. AEDs(anti-epilepsy drugs) are recommended for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply this information, it is my opinion that the request for Norco 10/325 #120 is not medically necessary.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(Chronic), Zolpidem (Ambien).

Decision rationale: Per ODG treatment decisions, Zolpidem is a short acting prescription non-benzodiazepine hypnotic approved for short term treatment of insomnia. As there is no specific plan for the duration of treatment, how the medication is to be taken, and what concurrent treatment/therapy it is to be coordinated, this medication is not medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-18.

Decision rationale: Per MTUS-Chronic pain medical treatment guidelines, AEDs(anti-epilepsy drugs) are recommended for neuropathic pain. Unfortunately, there is no documentation of efficacy of pharmacologic choices nor any review of either positive or negative findings of adverse reactions. Therefore, the request for Neurontin 300mg is not medically necessary.