

<b>Case Number:</b>	CM14-0089579		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Texas. 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 58-year-old female who is reported to have sustained work related injuries on 09/21/11. As a result, she has complaints of right wrist/hand pain, right shoulder pain, neck pain, and low back pain. Records indicate that the injured worker has been treated with oral medications, therapy, and injections. The clinical note indicates that she has undergone a right shoulder subacromial injection on 12/05/13, which resulted in 10-20% relief. She is noted to have myofascial tenderness and guarding. Straight leg is reported to be positive in the right lower extremity. Lumbar range of motion is decreased. Right shoulder range of motion is reduced. Records indicate that the injured worker has largely been maintained on oral medications. The records contain a urine drug screen dated 01/20/14, which was noted to be consistent with her medication profile. The record contains a utilization review determination dated 06/13/14 in which requests for Norco 10/325mg and Neurontin 600mg were denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 #30 for weaning:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

**Decision rationale:** The Expert Reviewer's decision rationale: The request for Norco 10/325mg #30 for weaning is supported as medically necessary. The record indicates that the injured worker has chronically been maintained on opiate medications. She is now 3 years post-date of injury. CA MTUS does not support the chronic use of opiate medications for the treating of pain and therefore, this request is medically necessary.

**Neurontin 600mg #30 for weaning:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

**Decision rationale:** The Expert Reviewer's decision rationale: The request for Neurontin 600mg #30 for weaning is recommended as medically necessary. The submitted clinical records do not provide any substantive data, which establishes that the injured worker receives benefit from this medication. There is no clear evidence of efficacy of this medication therefore, is medically necessary.