

Case Number:	CM14-0098804		
Date Assigned:	07/28/2014	Date of Injury:	03/15/2013
Decision Date:	09/09/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/27/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 35 year-old individual was reportedly injured on 3/15/2013. The mechanism of injury is noted as the injured worker was struck by falling fencing panels. The most recent progress note, dated 5/6/2014 indicates that there are ongoing complaints of chronic neck pain that radiates to the bilateral upper extremities. The physical examination demonstrated cervical spine: positive tenderness to palpation right paraspinal musculature, and right trapezius musculature. Full range of motion, motor and sensory exam within normal limits. Right shoulder: positive tenderness to palpation anterior aspect of the shoulder. Pain with overhead motion. 4/5 muscle strength throughout the right shoulder. The diagnostic imaging studies include x-rays of the cervical spine, which reveals disc spaces are well maintained, no evidence of old or new fracture. X-rays right shoulder no evidence cost vacation, no evidence of new/old fracture. The previous treatment includes previous right shoulder arthroscopy, physical therapy, medication, and conservative treatment. A request had been made for Gabapentin 600 mg #60, Hydrocodone/APAP 7.5/325 mg #90 and was not certified in the pre-authorization process on 5/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Respective Request for Gabapentin 600mg #60 Between 5/22/14 and 7/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Gabapentin is not medically necessary.

Retrospective Request for Hydrocodone/APAP 7.5/325mg #90 Between 5/22/14 and 7/6/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic neck and right shoulder pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.