

Case Number:	CM15-0005918		
Date Assigned:	01/26/2015	Date of Injury:	07/26/2011
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 female who sustained an industrial injury on 7/26/11. The injured worker reported symptoms in the left shoulder. The diagnoses included myalgia and myositis, unspecified, cervicalgia, other anxiety states, depressive disorder and pain in joint, shoulder region. Treatments to date have included oral medications, physical therapy, joint injections, and status post left shoulder surgery. Provider encounter dated 12/1/14 noted the injured worker presents with left shoulder pain noted to "interfere with sleep...wakes frequently due to pain and anxiety...joint stiffness of the left shoulder joint(s); joint tenderness of the left shoulder joint(s)." The treating physician is requesting 60 tablets of Norco 10/325mg, 1 tube of Voltaren 1% topical gel 100 grams with 2 refills, and 90 capsules of Gabapentin 100mg. On 12/11/14, Utilization Review non-certified a request for 60 tablets of Norco 10/325mg and modified it to 13 tablets of Norco 10/325mg, non-certified 1 tube of Voltaren 1% topical gel 100 grams with 2 refills, and non-certified 90 capsules of Gabapentin 100mg. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF NORCO 10/325MG -: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is functional gain that has been documented with this medication. In addition, according to the documentation provided, there has been some significant change in character of the pain. This is stated under Response to Medication Management Section of the note. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is indicated a medical necessity to the patient at this time.

1 TUBE OF VOLTAREN 1% TOPICAL GEL 100 GRAMS WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel, page 112..

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Voltaren Gel. MTUS guidelines state the following: Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. According to the clinical documentation provided and current MTUS guidelines; Voltaren Gel is not indicated as a medical necessity to the patient at this time.

90 CAPSULES OF GABAPENTIN 100MG: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin. page(s) 16, 49.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the above cited guidelines, "Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy

being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." To determine a good outcome, "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006).After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The clinical records have documentation that states the patient has had a significant decrease in pain levels, at least 50%. According to the clinical documentation provided and current guidelines; Gabapentin, is indicated as a medical necessity to the patient at this time.