

Case Number:	CM15-0104881		
Date Assigned:	06/09/2015	Date of Injury:	03/01/2003
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 03/01/2003. The injured worker reported bilateral wrist pain, bilateral lump and right hand numbness. On provider 04/03/2015 visit dated the injured worker has reported right hand pain. On examination of the wrist was noted as normal thumb and finger motion. Fingertips touch mid palm, thumb tip touch 5th metacarpophalangeal joint. Thenar and ulnar intrinsic strength was noted as 5/5; right volar wrist was tender, positive consistent with neuroma. No left volar ganglion evident. The diagnoses have included right carpal tunnel syndrome -post right surgery, right media nerve neuroma-chronic pain, left volar ganglion in 2003 and left cubital tunnel syndrome. Per documentation the injured worker underwent median nerve repair 1996 and carpal tunnel release and neurolysis in 2003. Treatment to date has included TENS unit, chronic Neurontin use noted for the past 8 or 9 year, Vicodin, Norco, laboratory studies and surgical intervention. There was no clear evidence of any significant reduction in pain level or improvement in functional capacity noted. The provider requested Norco 5/325 mg and Neurontin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #100 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 5/325mg #100 with 4 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on opioids in the past, however there is not clear evidence of increase in function on prior opioids. Furthermore, the request asks for 4 refills and the MTUS requires continuation of opioids only in the presence of documented increased function, and decreased pain. Without significant evidence of functional improvement therefore the request for Norco with 4 refills is not medically necessary.

Neurontin 300mg #150 with 4 refills: Upheld

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: Neurontin 300mg #150 with 4 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Neurontin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The request for this medication with 4 refills is not appropriate without documentation of the above prescribing recommendations from this MTUS with improved pain, function, and documentation of side effects. Therefore, the request for Neurontin with 4 refills is not medically necessary.