

Case Number:	CM15-0130865		
Date Assigned:	07/22/2015	Date of Injury:	09/27/2002
Decision Date:	09/25/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/07/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who sustained an industrial injury on 9/27/02. The injured worker was diagnosed as having right cubital tunnel syndrome, right carpal tunnel syndrome, right posterior impingement elbow, and right elbow osteoarthritis. Currently, the injured worker was with complaints of right upper extremity pain. Previous treatments included oral nonsteroidal anti-inflammatory drugs, oral pain medication, oral steroids, home exercise program, status post carpal tunnel release and ulnar decompression of elbow (2005) and status post ulnar revision surgery (2009). Previous diagnostic studies included radiographic studies. The injured work status was noted as returning to work on 6/8/15 with restrictions. The injured workers pain level was not noted. Physical examination was notable for right elbow with decreased range of motion, right hand/wrist with tenderness to the volar and dorsal wrist. The plan of care was for Three (3) prescriptions of Norco 5/325 milligrams, quantity: 10, fill on 5/16/15, 6/15/15 and 7/15/15, Gabapentin 300 milligrams, quantity: 90 with 2 refills and Naproxen 500 milligrams, quantity: 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) prescriptions of Norco 5/325mg, quantity: 10, fill on 5/16/15, 6/15/15 and 7/15/15:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 56-year-old patient complains of pain in the right elbow, shoulder and hand, as per progress report dated 06/08/15. The request is for THREE (3) PRESCRIPTIONS OF NORCO 5/325mg, QUANTITY: 10, FILL ON 5/16/15, 6/15/15 AND 7/15/15. The RFA for this case is dated 06/02/15, and the patient's date of injury is 09/27/02. The patient is status post- carpal tunnel release and ulnar decompression in 2005, and status post ulnar revision surgery in 2009, as per progress report dated 06/08/15. Diagnoses included medial epicondylitis, lateral epicondylitis, pain in joint involving the hand, arthralgia of bilateral wrists, pain in joint involving upper hand, carpal tunnel syndrome and cervicalgia. Medications included Norco, Gabapentin, Gralise and Naproxen. The patient is working with restrictions, as per progress report dated 05/11/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, a prescription for Norco is first noted in progress report dated 10/29/14. Prior progress reports document the use of Vicodin indicating that the patient has been on chronic opioid therapy. In progress report dated 06/08/15, the treater states that medications help reduce pain from 9/10 to 4/10. The treater also states, "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects are associated with these." The patient is working as a mail worker with restrictions, demonstrating high function. Additionally, last UDS and CURES reports were appropriate, as per the same progress report. Given the clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, the request IS medically necessary.

Gabapentin 300mg, quantity: 90 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs), Gabapentin (Neurontin).

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

Decision rationale: The 56 year old patient complains of pain in the right elbow, shoulder and hand, as per progress report dated 06/08/15. The request is for GABAPENTIN 300mg, QUANTITY: 90 WITH 2 REFILLS. The RFA for this case is dated 06/02/15, and the patient's date of injury is 09/27/02. The patient is status post-carpal tunnel release and ulnar decompression in 2005, and status post ulnar revision surgery in 2009, as per progress report dated 06/08/15. Diagnoses included medial epicondylitis, lateral epicondylitis, pain in joint

involving the hand, arthralgia of bilateral wrists, pain in joint involving upper hand, carpal tunnel syndrome and cervicalgia. Medications included Norco, Gabapentin, Gralise and Naproxen. The patient is working with restrictions, as per progress report dated 05/11/15. MTUS has the following regarding Gabapentin on pg 18, 19, Specific Anti-epilepsy Drugs section:

"Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the prescription for Gabapentin is first noted in progress report dated 03/19/15, and the patient has been taking the medication for neuropathic pain since then. In progress report dated 06/08/15, the treater states that medications help reduce pain from 9/10 to 4/10. The treater also states "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects are associated with these." Given the efficacy and the peripheral joint neuropathic pain, the request appears reasonable and IS medically necessary.

Naproxen 500mg, quantity: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The 56-year-old patient complains of pain in the right elbow, shoulder and hand, as per progress report dated 06/08/15. The request is for NAPROXEN 500mg, QUANTITY: 30 WITH 2 REFILLS. The RFA for this case is dated 06/02/15, and the patient's date of injury is 09/27/02. The patient is status post-carpal tunnel release and ulnar decompression in 2005, and status post ulnar revision surgery in 2009, as per progress report dated 06/08/15. Diagnoses included medial epicondylitis, lateral epicondylitis, pain in joint involving the hand, arthralgia of bilateral wrists, pain in joint involving upper hand, carpal tunnel syndrome and cervicalgia. Medications included Norco, Gabapentin, Gralise and Naproxen. The patient is working with restrictions, as per progress report dated 05/11/15. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti- inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Naproxen is first noted in progress report dated 10/29/14, and the patient appears to be taking the medication since then. It is not clear when this treatment was initiated. In progress report dated 06/08/15, the treater states that medications help reduce pain from 9/10 to 4/10. The treater also states that "The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADLs and home exercises. No side effects are associated with these." However, this is not specific to Naproxen. In fact, in the same report, the treater states that "NSAIDs do not help." Given the lack of efficacy, the request IS NOT medically necessary.