Case Number:	CM15-0137115		
Date Assigned:	07/27/2015	Date of Injury:	04/27/2001
Decision Date:	09/24/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/15/2015

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: 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 60 year old male, who sustained an industrial injury on 4/27/2001. The diagnoses are residual left ulnar neuropathy at the elbow, status post left medial epicondylectomy, and status post left ulnar anterior submuscular transposition at the elbow. According to the progress report dated 12/3/2012, the injured worker complains of severe pain in the left arm associated with periodic shooting pain down the medial aspect of the forearm into the ring and little finger. The level of pain was not rated. The physical examination reveals slight weakness of extension of the fingers of the left hand, absent deep tendon reflexes of the upper extremities, and marked hyperesthesia over the volar aspect of the right little finger. The medications are Norco and Neurontin. There is documentation of ongoing treatment with Norco and Neurontin since at least 2012. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, ultrasound, computed tomography scan, and surgical intervention. Work status was not described. A request for Gabapentin and Hydrocodone/APAP has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin (Neurontin), History and Physical Examination Page(s): 16-21, 49, 6.

Decision rationale: According to the MTUS guidelines, Anti-epilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Gabapentin is considered first line in the treatment of chronic neuropathic pain. However, in the absence of current examination narrative documenting the injured worker's current status and efficacy of Gabapentin, this request cannot be supported. As noted by the MTUS guidelines, thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. The request for Gabapentin 100 mg is not medically necessary and appropriate.

Hydrocodone/APAP 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, History and Physical Examination Page(s): 74-96, 6.

Decision rationale: According to the MTUS guidelines, the long term use of opioids is not supported due to the development of habituation, tolerance and hormonal imbalance in men. The MTUS guidelines also note that in order to support continued opioid use, there should be improvement in pain and function. However, in the absence of current examination narrative documenting the injured worker's current status and efficacy of Hydocodone, this request cannot be supported. As noted by the MTUS guidelines, thorough history taking is always important in clinical assessment and treatment planning for the patient with chronic pain, and includes a review of medical records. The request for Hydrocodone/APAP 10/325 mg is not medically necessary and appropriate. The request for Hydrocodone/APAP 10/325 mg is not medically necessary and appropriate.