

Case Number:	CM15-0147638		
Date Assigned:	08/10/2015	Date of Injury:	11/29/2011
Decision Date:	09/04/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/29/2015

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 was a 46-year-old female, who sustained an industrial injury, November 29, 2011. The injured worker previously received the following treatments Zanaflex, Neurontin, Butrans, right knee surgery, right hand CT scan, left knee MRI, right wrist surgery, physical therapy for the right knee, psychology services. The injured worker was diagnosed with pain in the joint of the shoulder region, pain in the joint of the upper arm, disorder of the bone and cartilage, closed fracture of the coronoid process of the ulna, sacroilitis, chronic pain and bilateral knee chondromalacia. According to progress note of June 18, 2015, the injured worker's chief complaint was cervical and thoracic spine, right shoulder, right elbow, right wrist and hand, lumbar spine, right knee and left knee pain. The cervical and thoracic pain was rated at 4-7 out of 10. The pain increased with turning of the head from side to side, washing dishes and lying in an incorrect position on a pillow. The right shoulder pain was rated at 2 out of 10. The pain increased with folding laundry. Washing dishes and sweeping. The pain increased with reaching at or above shoulder level, pushing, pulling and repetitive use of the arm. The pain radiated to the cervical spine. The right elbow pain was rated at 3 -6 out of 10. The pain radiated to the top of the forearm to the hand. The right wrist and hand pain was rated at 3-6 out of 10. The pain increased with repetitive use of the hand, such as, sweeping, washing dishes or wiping things down. The injured worker was no longer able to write with the right hand, due to loss of the ability to grip a writing utensil. The lumbar spine pain was rated at 4-8 out of 10. The pain radiated into the buttocks and down the back of the right thigh and on occasion into the left thigh. Right knee pain was rated at 5-8 out of 10. The pain increased with walking and climbing.

The left knee pain was 6-9 out of 10. The pain was increased with walking and climbing. The physical examination ambulated with minimal analgic. The treatment plan included prescriptions for Neurontin and Butrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) and Gabapentin Page(s): 16-22.

Decision rationale: Neurontin 300mg #90 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptic 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 documentation indicates that the patient has been on Neurontin without any significant evidence of functional improvement on the documentation submitted. Therefore, the request for continued Neurontin is not medically necessary.

Butrans 10mcg patch #4 with 1 refill: 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 Buprenorphine and Ongoing management Page(s): 27 and 78-80 and on MTUS Citation 9792.20. Medical Treatment Utilization Schedule & Definitions: (f) "Functional improvement".

Decision rationale: Butrans 10 mcg patch #4 with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The documentation submitted does not reveal that the patient had a history of opiate addiction and has undergone detoxification. The documentation submitted do not reveal evidence of functional improvement as defined by the MTUS despite the patient taking this medication long term. Without efficacy of Butrans the request for continued Butrans patch is not medically necessary.