

Case Number:	CM15-0162378		
Date Assigned:	08/28/2015	Date of Injury:	12/28/2012
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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 33 year old female, who sustained an industrial injury on 12-28-12. She has reported initial complaints of a trip and fall over boxes and injury to hands and body. The diagnoses have included carpal tunnel syndrome, ulnar nerve lesion and long-term use of medications. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 7-27-15, the injured worker complains of chronic neck, upper extremity and back pain. She reports worsening pain in the left hand with numbness and tingling and pins and needles in the left hand that is worsening. The current medications included Neurontin and Vicodin. The urine drug screen dated 5-28-15 was consistent with the medications prescribed. The objective findings-physical exam reveals that her gait is normal and non-antalgic without the use of a device. There were no other significant findings noted. The physician requested treatments included Neurontin 100mg #30 and Vicodin 5-200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg #30: 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) Page(s): 16-22.

Decision rationale: Neurontin 100mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of anti-epileptics 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. Additionally, the patient complains of worsening symptoms of numbness/tingling and pins and needles in the hand. Therefore the request for continued Neurontin is not medically necessary.

Vicodin 5/200mg #30: Upheld

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

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

Decision rationale: Vicodin 5/200mg #30 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 MTUS supports clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal objective urine toxicology screens for review. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued Vicodin is not medically necessary.