

Case Number:	CM15-0180769		
Date Assigned:	09/22/2015	Date of Injury:	07/23/1997
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/14/2015

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 61 year old male, who sustained an industrial injury on 07-23-1997. He has reported injury to the right elbow. The injured worker has been treated for elbow-forearm strain; history of right radial ulnar neuritis; and history of tendon injury, right elbow, status post tendon lengthening procedure. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Norco, Gabapentin, and Prozac. A progress report from the treating physician, dated 07-17-2015, documented an evaluation with the injured worker. The injured worker reported right elbow pain; the pain is made worse with repetitive tasks such as writing for more than around 10-15 minutes or forceful gripping and grasping of more than about 5-10 pounds; he describes persistent loss of range of motion; he also gets some occasional dysesthesias into the dorsum of the hand and into the fourth and fifth digits; and he reports the medications improve his functional capacity with regard to his use of his right upper extremity by about 50% with regard to performance of repetitive fine motor motions and forceful motions. Objective findings included he ambulates into the office without difficulty; the right arm does show extension to around 10 degrees minus full extension; he has full 90 degrees of supination and pronation; there is tenderness over the extensor compartment in the right forearm, but no focal tenderness around the right lateral epicondylar region; Tinel sign is negative over the cubital and carpal tunnels; there was some guarding in the right upper extremity; reflexes were 2+ and equal at the biceps, triceps, and brachial radialis; it does seem that ongoing use of the medication is indicated; and we will consider continuing with Norco 10-325 one tablet four times daily, and Gabapentin 600 mg two tablets twice daily. In a progress report from the

treating physician, dated 08-14-2015, the injured worker reported that he is stable on the medication; he has reduction in pain quantified to about 4 out of 10 in intensity with medication, and 9 or 10 out of 10 in intensity without medication; and he can do activities of daily living more effectively longer in duration with medication, as compared to without medication. The treatment plan has included the request for Gabapentin 600mg #120; and Norco 10-325mg #120. The original utilization review, dated 09-03-2015, non-certified a request for Gabapentin 600mg #120; and Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The patient presents with right elbow pain. The request is for Gabapentin 600mg #120. The request for authorization is dated 08/18/15. Physical examination of the right arm reveals reduced range of motion. There is tenderness over the extensor compartment in the right forearm, but no focal tenderness around the right lateral epicondylar region. There is some guarding in the right upper extremity. He is stable on the medication and has reduction in pain quantified about 4/10 with and 9/10 without medication. He can do activities of daily living more effectively longer in duration with medication compared without. There has been no side effects noted with medication and he has had no aberrant behavior. Patient's medications include Prozac, Terazosin, Levothyroxine, Hydrocodone, and Gabapentin. Per progress report dated 07/08/15, the patient is returned to modified work. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per progress report dated 08/14/15, treater's reason for the request is "NERVE PAIN." Patient has been prescribed Gabapentin since at least 03/03/15. The patient continues with right elbow pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has discussed and documented pain relief but has not discussed or documented functional improvement with specific examples with use of Gabapentin. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with right elbow pain. The request is for Norco 10/325mg #120. The request for authorization is dated 08/18/15. Physical examination of the right arm reveals reduced range of motion. There is tenderness over the extensor compartment in the right forearm, but no focal tenderness around the right lateral epicondylar region. There is some guarding in the right upper extremity. He is stable on the medication and has reduction in pain quantified about 4/10 with and 9/10 without medication. He can do activities of daily living more effectively longer in duration with medication compared without. There has been no side effects noted with medication and he has had no aberrant behavior. Patient's medications include Prozac, Terazosin, Levothyroxine, Hydrocodone, and Gabapentin. Per progress report dated 07/08/15, the patient is returned to modified work. MTUS, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, 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, Criteria for use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Per progress report dated 08/14/15, treater's reason for the request is "for pain." Patient has been prescribed Norco since at least 03/03/15. MTUS requires appropriate discussion of the 4 A's, however, in addressing the 4 A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain reduction with use of Norco. But no validated instrument is used to show functional improvement. There is documentation regarding adverse effects and aberrant drug behavior. A UDS dated 07/17/15 is provided for review. In this case, treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request is not medically necessary.