

Case Number:	CM15-0184144		
Date Assigned:	09/30/2015	Date of Injury:	02/28/1998
Decision Date:	11/09/2015	UR Denial Date:	08/29/2015
Priority:	Standard	Application Received:	09/21/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 68 year old female who sustained an industrial injury on 02-28-1998. Medical records indicated the worker was treated for chronic bilateral arm pain. In the provider notes of 08-05-2015, the injured worker complains of chronic bilateral arm pain and difficulty using the right hand. The physician notes reflect that the worker had visits on 03-24-2015 and 05-20-2015 specifically for medications. She was reported to tolerate her medications of Vicodin, Neurontin, and ibuprofen well with good pain control. She has been on Vicodin since at least 05/05/2014 and on ibuprofen and Neurontin since at least 03-09-2012. She has no new complaints in any of the visits. There is no exam detailed on the 08-05-2015 visit, but the grip strength was diminished in her right and she had a full hand composite fist with pain in the forearm. A note in her plans is to refill prescribed medications and follow up in six weeks. Her notes also state she just had lab work drawn for pre-op. There is no note describing what the pre-op is for. A request for authorization was submitted for Vicodin 5/300mg #30 with 2 refills, Neurontin 300mg #90 with 2 refills, and ibuprofen 800mg #90 with 2 refills. A utilization review decision 08-29-2015 modified the Vicodin 5/300mg to #24 with no refills, and Neurontin was approved for #90 (one month) with no refills. The ibuprofen was non-certified by the peer reviewer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #30 with 2 refills: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's most recent records through 08-05-2015, did not include documentation of the pain with and without medication, pain contract on file, no significant adverse effects or aberrant behavior, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up has been performed and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Vicodin 5/300mg #30 with 2 refills is not medically necessary and appropriate for ongoing pain management.

Neurontin 300mg #90 with 2 refills: 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): Antiepilepsy drugs (AEDs).

Decision rationale: According to the cited Ca MTUS, antiepilepsy drugs (AEDs), such as Neurontin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, she has had no documented reduction in pain on a visual analog scale or improvement in function specific to the use of Neurontin. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of Neurontin in the case of this injured worker. Therefore, Neurontin 300mg #90 with 2 refills is not medically necessary and appropriate.

Ibuprofen 800mg #90 with 2 refills: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. Furthermore, NSAIDs are recommended for the treatment of osteoarthritis at the lowest dose possible in the shortest period for injured workers with moderate to severe pain. According to the treating provider's notes, the injured worker has had chronic bilateral arm pain and difficulty using the right hand. However, there is no documentation of improved subjective function, decreased pain, and maintenance of activities of daily living specific to ibuprofen use. In addition, the injured worker's diagnoses are not consistent with the above mentioned indications. Therefore, the request for ibuprofen 800mg #90 with 2 refills is not medically necessary and appropriate.