

Case Number:	CM15-0190667		
Date Assigned:	10/05/2015	Date of Injury:	07/23/1997
Decision Date:	11/13/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This injured worker is a 61 year old male who reported an industrial injury on 7-23-1997. His diagnoses, and or impressions, were noted to include: pain in forearm joint; lesion radial and ulnar nerves; status-post tendon injury and elbow lengthening of tendon procedure; a history of radial ulnar neuritis; and chronic pain syndrome in the right upper extremity, with intermittent transferred back and leg pain, seemingly resolving. No imaging studies were noted. His treatments were noted to include medication management. The progress notes of 8-14-2015 reported a return, 2nd, visit for complaints which included: right elbow pain, rated 9 out of 10 without medications, that was made worse with repetitive tasks, writing, setting in on a desk, and gripping-grasping; some numbness and pin in the dorsum of his hand; occasional, worsening back pain with left leg symptoms that was slowly resolving; and that his current medications reduced his pain to a 4 out of 10 and improved his activities of daily living. The review of systems noted complaints which included: severe fatigue, headaches without dizziness, abdominal pain without other gastrointestinal symptoms; and depression. The objective findings were noted to include: chronic pain in the right upper extremity and intermittent transferred back and left leg pain, resolving; and a review of his current medications. The physician's requests for treatment were noted to include a refill of his medications, with no changes: Gabapentin 500 mg, 2 tablets twice a day for nerve pain, #120; and Norco 10-325 mg, 1 tablet every 6 hours for pain, #120. The Request for Authorization, dated 8-27-2015, was noted for: Gabapentin 600 mg, 2 tablets twice a day for nerve pain, #120; and Norco 10-325 mg 1 tablet every 6 hours for pain,

#120. The Utilization Review of 8-25-2015 non-certified the request for Gabapentin 600 mg, #120; and Norco 10-325 mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg Qty: 120.00: Overturned

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: The current request is for Gabapentin 600MG QTY: 120.00. The RFA is dated 08/18/15. Treatment history includes right elbow surgery, physical therapy, injections and medications. The patient remains permanent and stationary, and has not returned to work. MTUS, Antiepilepsy drugs (AEDs) Section, pages 18 and 19 has the following regarding Gabapentin: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per report 08/14/15, the patient reported right elbow pain, with some numbness and pins and needle sensation in the dorsum of his hand. He also has weakness in the right hand. The treater states that current medications reduce his pain to 4/10 from 9/10, and he is able to function better. The patient has also reported better sleep with the use of Gabapentin. This patient has a history of radial ulnar neuritis for which Gabapentin is indicated, and the treater has provided documentation of pain relief and improved function with the use of this medication. Therefore, this request is medically necessary.

Norco 10/325mg Qty: 120.00: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 current request is for Norco 10/325MG QTY: 120.00. The RFA is dated 08/18/15. Treatment history includes right elbow surgery, physical therapy, injections and medications. The patient remains permanent and stationary, and has not returned to 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." Per report 08/14/15, the patient reported right elbow pain, with some numbness and pins and needle sensation in the dorsum of his hand. The patient has been utilizing Norco for pain relief since at least 01/25/15. The treater states that current medications reduced his pain to 4/10 from 9/10, and improved his activities of daily living. The patient reports improvement in ability to perform ADL's including shopping, and personal hygiene. He is also able to maintain better sleep due to reduced pain. The patient has no side effects to medications. UDS was consistent on 07/17/15, and an updated pain contract was signed on this date as well. In this case, the treater has provided adequate documentation including the 4A's, as required by MTUS for opiate management. Therefore, this request is medically necessary.