

<b>Case Number:</b>	CM15-0193507		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: 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 45 year old male, who sustained an industrial injury on 10-21-2009. He has reported subsequent right wrist and hand pain and was diagnosed with right wrist and hand TFCC tear, right wrist and hand carpal tunnel syndrome and right wrist and hand status post-surgery. Treatment to date has included pain medication which was noted to have failed to significantly relieve the pain. Naproxen was documented as having been prescribed since at least 01-14-2015 and Gabapentin and Norco were documented as being prescribed since at least 02-11-2015. In progress notes dated 03-11-2015 and 07-01-2015, the injured worker reported 9 out of 10 right wrist pain with associated numbness of the hand. Objective examination findings on 03-11-2015 revealed right wrist range of motion to 35 degrees with flexion, 40 degrees with extension, 15 degrees with radial deviation and 20 degrees with ulnar deviation, tenderness to palpation over the carpal segments on the right side, dorsal ganglion cyst that was tender to touch, positive Phalen's test on the right, positive Tinel's sign on the median nerve, decreased muscle strength of the right wrist and decreased sensation over the median nerve distribution. Objective findings on 07-01-2015 revealed right wrist range of motion of 40 degrees to Flexion, 45 degrees to extension, 10 degrees to radial deviation and 25 degrees to ulnar deviation. In a 07-29-2015 progress note, the injured worker reported a slight flare up of clinical symptoms with 9-10 out of 10 right wrist pain and associated numbness in the hand. Objective findings showed right wrist range of motion of 25 degrees to flexion, 25 degrees to extension, 10 degrees with radial deviation and 10 degrees with ulnar deviation. Work status was documented as "permanent and stationary as per the QME". There was no documentation of the effectiveness of pain medications at relieving pain or any functional improvement with use documented in the most recent progress notes. A request for authorization of Norco 10-325 mg qty 150, Naproxen 550 mg qty 60 and Gabapentin 600 mg qty 120 was submitted. As per the 09-03-2015 utilization review, the aforementioned requests were non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg qty 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4 A's for Ongoing Monitoring". These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4 A's for Ongoing Monitoring". The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Ongoing treatment with Norco is not medically necessary.

**Naproxen 550mg qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, including Naproxen. In general, NSAIDs are only recommended for the short-term relief of symptoms. There is little evidence to support long-term use. The specific MTUS comments on NSAIDs are as follows: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There is no evidence of long-term effectiveness for pain or function. In this case, the medical records indicate that Naproxen is being used as a long-term treatment for this patient's symptoms. As noted in the above-cited MTUS guidelines, only short-term use is recommended. There is insufficient evidence in the medical records to support the effectiveness of long-term use. For this reason, Naproxen is not medically necessary.

**Gabapentin 600mg qty 120: Upheld**

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of anti-epilepsy drugs including gabapentin. Anti-epilepsy drugs are typically used for the treatment of neuropathic pain. Specifically, gabapentin 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. When used, the MTUS guidelines recommend monitoring patient outcomes as a means to determine efficacy of the medication. Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, there is insufficient evidence that the patient has a neuropathic cause of the underlying symptoms of pain. Further, there is insufficient documentation on the outcomes necessary to determine the efficacy of gabapentin in addressing the patient's symptoms. For these reasons, gabapentin is not medically necessary.