

Case Number:	CM15-0196251		
Date Assigned:	10/09/2015	Date of Injury:	01/09/2014
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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: North Carolina
 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 48 year old, female who sustained a work related injury on 1-9-14. A review of the medical records shows she is being treated for bilateral wrist pain. Treatments have included left and right wrist surgery, medications and medical marijuana. Current medications include Cymbalta, Norco and Phenergan. She has been taking the Norco and Phenergan since at least 7-2014. There is no documentation of improving functional capabilities with medications. She does not report or does not have a history of gastrointestinal issues. In the progress notes, she reports pain in both wrists. She reports "no change to her overall health status." She rates her pain level a 5 out of 10. This is down from 7 out of 10 at last visit. She states she is receiving "25% improvement" in pain with medications. In the objective findings dated 9-10-15, she has more mobility with the right wrist versus the left. She has "vastly" diminished sensation to touch over the base and just proximal to the right index finger region. She gets an "electrical feeling" more proximal on the wrist. She is not working. The treatment plan includes continuing Norco and Phenergan and trialing Gralise. In the Utilization Review dated 9-29-15, the requested treatments of Norco 10-325mg #180, Phenergan 25mg #60 and Gralise 300-600mg-day are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #180: 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 for chronic pain.

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant decrease in objective pain measures such as VAS scores for significant periods of time with pain decreased from a 7/10 to a 5/10. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Phenergan 25 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, phenergan.

Decision rationale: The ACOEM and the California MTUS does not address the requested service. The physician desk reference states the requested medication is indicated in the treatment of nausea and vomiting. The patient does not have the diagnosis of chronic nausea or vomiting or other primary gastrointestinal disorder. Therefore the request is not medically necessary.

Gralise 300-600 mg/day: 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 California chronic pain medical treatment guidelines section on Neurontin 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated

with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The requested medication is a first line agent to treatment neuropathic pain. The patient does have a diagnosis of neuropathic pain in the form of ulnar neuropathy symptoms. Therefore the request is medically necessary.