

Case Number:	CM15-0206838		
Date Assigned:	10/23/2015	Date of Injury:	07/23/1997
Decision Date:	12/07/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 7-23-97. The injured worker was diagnosed as having lesion in radial and ulnar nerve, right elbow internal derangement, chronic low back pain and severe depression. Subjective findings (6-10-15, 8-14-15) indicated right elbow pain made worse with repetitive tasks and lower back and leg pain. The injured worker rated his pain 3-4 out of 10 with medications and 9-10 out of 10 without medications. Objective findings (6-10-15, 7-17-15) revealed tenderness over the extensor compartment in the right forearm and a negative Tinel's sign over the cubital and carpal tunnels. As of the PR2 dated 9-11-15, the injured worker reports severe chronic pain in his coccyx, lower back and neck. He rates his pain 5 out of 10 with medications and 9-10 out of 10 without medications. He also has improvement in ability to do shopping and personal hygiene activities with medications. Objective findings include spasm and guarding in the lumbar spine, a negative straight leg raise test and intact sensation in the lower extremities. Current medication includes Gabapentin (since at least 3-20-15) and Norco (since at least 3-20-15). Treatment to date has included psychiatric testing and right elbow surgery. The Utilization Review dated 9-21-15, non-certified the 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: Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury in July 1997 when he developed right elbow pain while working as a sanitation truck driver. He underwent right elbow surgery. In September 2015 he was having low back, neck, and coccyx pain. Medications were decreasing pain from 9-10/10 to 5/10 with improved activities of daily living. Neurontin had been prescribed for right upper extremity nerve pain. Physical examination findings included decreased right elbow range of motion with extensor tenderness and guarding. There was abnormal right elbow sensation. There were lumbar spasms and guarding. Norco and gabapentin were requested. The total MED (morphine equivalent dose) was 40 mg per day and gabapentin dosing was 2400 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is consistent with that recommended. He has right upper extremity nerve pain and medications are reported as decreasing pain with improved function. Ongoing prescribing is medically necessary.

Norco 10/325mg, #120: Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury in July 1997 when he developed right elbow pain while working as a sanitation truck driver. He underwent right elbow surgery. In September 2015 he was having low back, neck, and coccyx pain. Medications were decreasing pain from 9-10/10 to 5/10 with improved activities of daily living. Neurontin had been prescribed for right upper extremity nerve pain. Physical examination findings included decreased right elbow range of motion with extensor tenderness and guarding. There was abnormal right elbow sensation. There were lumbar spasms and guarding. Norco and gabapentin were requested. The total MED (morphine equivalent dose) was 40 mg per day and gabapentin dosing was 2400 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.