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| Case Number: | CM15-0025249 | | |
| Date Assigned: | 02/17/2015 | Date of Injury: | 02/18/2009 |
| Decision Date: | 04/21/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/10/2015 |

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:

The injured worker is a 66 year old female, who sustained an industrial injury on 2/18/2009. The mechanism of injury was not provided for review. The injured worker was diagnosed as having a right carpal tunnel release, bilateral carpal tunnel syndrome, right lateral epicondylitis and right shoulder tendinitis with impingement. Treatment to date has included surgery to hand/wrist, steroid injections to shoulder, physical therapy and medication management. Currently, a progress note from the treating provider dated 1/15/2014 indicates the injured worker reported right shoulder and right upper extremity pain with numbness and tingling in the right wrist and fingers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

Decision rationale: This patient has a date of injury of 02/18/2009 and presents with complaints of upper extremity pain and hypersensitivity. Request for authorization is dated 01/09/2015. The current request is for Neurontin 600 mg #90. The MTUS Guidelines has the following regarding gabapentin on pages 18 and 19, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered as the first-line treatment for neuropathic pain." On examination, the patient presented with positive impingement sign and painful range of motion, decreased motor strength in upper extremity and tenderness over the AC joint. This patient does not meet the indication for this medication as there is no radicular symptoms noted. In this case, recommendation for further use cannot be made as the patient does not meet the criteria for Neurontin. This medication IS NOT medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 02/18/2009 and presents with upper extremity pain and hypersensitivity. Request for authorization is dated 01/09/2015. The current request is for Norco 10/325 mg #180. For chronic opiate use, the MTUS Guidelines, 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 Guidelines page 78 also requires documentation of 4 A's including analgesia, ADLs, adverse side effects, and adverse behavior. Pain assessment or outcome measures should also be provided and include current pain, average pain, least pain, intensity of pain with medication, time it takes for medication to work, and duration of pain relief. Review of the medical file states the patient has been utilizing Norco since at least 08/28/2014. Progress report dated 10/16/2014 notes 50% pain relief with current medications. There is no further discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific or functional improvement, change in ADLs, or change in work status to document significant functional improvement with utilizing Norco. Furthermore, there is no discussion regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide minimum requirements as required by MTUS Guidelines for opiate management. The requested Norco IS NOT medically necessary and recommendation is for slow weaning.