

Case Number:	CM15-0218310		
Date Assigned:	11/10/2015	Date of Injury:	10/27/2006
Decision Date:	12/29/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, 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:

This is a 62-year-old female patient, who sustained an industrial injury on 10-27-2006. The patient is currently permanent and stationary. The diagnoses include lesion of ulnar nerve to left upper limb, cervical disc degeneration, left hand synovitis and tenosynovitis, and cervical radiculopathy. Per the doctor's note dated 10-13-2015, she had current pain level 7 out of 10 (10-13-2015) and "5 with medications and 10 pain without medications". The patient noted that "Norco helps relieve pain at least more than 50%" and "able to do more activity" when taking Norco. Objective findings dated 10-13-2015 included cervical spine-tenderness, spasm, trigger points and bilateral wrist tenderness, pain with Spurling test. Recent medications have included cymbalta, Norco (since at least 02-02-2015), Neurontin (since at least 02-02-2015), and Simvastatin. Her surgical history includes ulnar nerve transposition surgery. Treatment and diagnostics to date has included acupuncture and medications. She had urine drug test on 8/17/15. A UDS report is not specified in the records provided. The request for authorization dated 10-13-2015 requested Neurontin (600mg, 1 tablet in morning, 1 tablet in evening, 1 tablet at bedtime, 90 tablets a month, 1 refill) and Norco (10-325mg, 1 tablet three times daily, 90 tablets a month, 1 refill). The Utilization Review with a decision date of 10-23-2015 denied the request for Neurontin 600mg #90 x 1 refill and Norco 10-325mg #90 x 1 refill (10-13-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90 with 1 refill: Overturned

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: Neurontin 600mg #90 with 1 refill. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines, "Gabapentin (Neurontin) 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." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." According to the records provided, the patient had chronic neck pain with diagnosis of cervical radiculopathy. She has objective findings on the physical examination- cervical spine-tenderness, spasm, trigger points and bilateral wrist tenderness, pain with Spurling test. Her surgical history includes ulnar nerve transposition surgery. This is objective evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Neurontin 600mg #90 with 1 refill is medically appropriate and necessary for this patient.

Retrospective Norco 10/325mg #90 with 1 refill (dos: 10/13/2015): Upheld

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

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

Decision rationale: Retrospective Norco 10/325mg #90 with 1 refill (dos: 10/13/2015). Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not

documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to lower potency opioids for chronic pain is not specified in the records provided. She had a urine drug test on 8/17/15. A UDS report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Retrospective Norco 10/325mg #90 with 1 refill (dos: 10/13/2015) is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.