

Case Number:	CM15-0219911		
Date Assigned:	11/13/2015	Date of Injury:	08/26/2011
Decision Date:	12/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey

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 36 year old male, who sustained an industrial injury on 8-26-2011. The injured worker is being treated for cervical fusion with hardware, 2013, right shoulder strain, cervical radiculitis, lumbar sprain-strain, cervical radiculopathy and gastroesophageal reflux disease (GERD). Treatment to date has included surgical intervention (cervical fusion, 2013), medications, TENS, home exercise (HEP) and injections. Per the Primary Treating Physician's Progress Report dated 9-24-2015, the injured worker reported primary pain in the right shoulder and neck which gets to be an 8 occasionally. Pain meds are helpful. His left hand numbness has increased but no other symptoms changes. ADLs are increased by 15% with meds. TENS patches are helpful. He does HEP infrequently because it makes the rest of the day more painful He would like a Toradol injection. Objective findings included tenderness to palpation and a normal gait. An intramuscular Toradol injection was administered. It is unclear from the medical records provided how long the IW has been prescribed Norco and Gabapentin. There is no documentation of clear functional improvement including significant improvement in symptoms or decrease in pain level with the current treatment. The IW was to remain off work until 10-24-2015. The plan of care included pending magnetic resonance imaging (MRI), EMG (electromyography) and cervical x-rays, referral to neurosurgeon, TENS and refill of medications including Gabapentin, LidoPro cream and Norco. Authorization was requested for Norco 10-325mg #120 and Gabapentin 100mg BID. On 10-01-2015, Utilization Review non-certified the request for Norco and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 tab QID PRN for pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the most recent progress notes, there was insufficient reporting of this full review regarding Norco use. Although some benefit was reported from medications, there was no specific report on how effective Norco was at improving function as well as reducing pain level independent of any other medications used. Also, no report of whether or not there are side effects, and no evidence to suggest the worker is attempting to continue physical exercises or stretches on a regular basis in order to consider the Norco more of a secondary treatment. Therefore, the Norco will be considered medically unnecessary based on this information presented for review, Weaning may be indicated.

Gabapentin 100 mg BID, unspecified quantity: Upheld

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 MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30% reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. In the case of this worker, there is record of using gabapentin, however, the frequency of use was not specified. However, the worker did admit to forgetting to take it at times, leading to extra pills leftover. Upon review of the notes provided, there was no found specific report of functional gain and symptom level reduction which was attributable to the gabapentin alone, independent of other medication. Therefore, this request for gabapentin will be considered medically unnecessary.