

Case Number:	CM15-0221255		
Date Assigned:	11/16/2015	Date of Injury:	05/28/2012
Decision Date:	12/24/2015	UR Denial Date:	10/31/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 39 year old male, who sustained an industrial injury on 5-28-12. The injured worker was being treated for myositis of left forearm, left upper arm and left hand; long term use of opiate analgesic, fibroblastic disorder and pain disorder. On 8-5-15, 9-18-15 and 10-21-15, the injured worker complains of left arm pain rated 6 out of 10 with ongoing contracture. He notes severely circumscribed activities of daily living, gastrointestinal symptoms and almost no range of motion of left upper extremity. There is no documentation of pain level prior to or following administration of medications or improvement in function due to use of medications. Physical exam performed on 8-5-15, 9-18-15 and 10-21-15 revealed contracted left arm, holds left arm close to abdomen and winces with pain frequently due to allodynia. Treatment to date has included left upper extremity surgery, oral medications including gabapentin 300mg (since at least 12-4-13), Norco 10-325mg (since at least 12-4-13), Baclofen 10mg, Nortriptyline 25mg (since at least 12-4-13) and Ambien 10mg; topical Lidocaine 5% patch; left shoulder injection, physical therapy and activity modifications. Documentation does not include report of current urine toxicology screening. The treatment plan included prescriptions for Gabapentin 300mg #180 with 2 refills, Nortriptyline 25mg #30 with 2 refills and Norco 10-325mg #120. On 10-31-15 request for Gabapentin 300mg #180 with 2 refills was modified to Gabapentin 300mg #180 with 0 refills and request for Nortriptyline 25mg #30 with 2 refills and Norco 10-325mg #120 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #180 with 2 refills: 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: This claimant was injured 3 years ago, with a myositis of the left forearm. The medicines have been in use since at least 2013, with little documentation of objective, functional, measurable improvement. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This claimant however has neither of those conditions. The request is not medically necessary under the MTUS evidence-based criteria.

Nortriptyline HCL 25mg #30 with 2 refills: 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): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured 3 years ago, with a myositis of the left forearm. The medicines have been in use since at least 2013, with little documentation of objective, functional, measurable improvement. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.

Norco 10/325mg #120: 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: This claimant was injured 3 years ago, with a myositis of the left forearm. The medicines have been in use since at least 2013, with little documentation of objective, functional, measurable improvement. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.