MAXIMUS Federal Services

| Case Number: | CM15-0030844 | | |
|---|---|---|---|
| Date Assigned: | 02/24/2015 | Date of Injury: | 08/26/2011 |
| Decision Date: | 04/09/2015 | UR Denial Date: | 02/10/2015 |
| Priority: | Standard | Application Received: | 02/19/2015 |

## 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 38 year old male, who sustained an industrial injury on 08/26/2011. He has reported picking up a case and subsequently had a sudden onset of pain in the left arm. Diagnoses include wrist/forearm pain, upper arm joint pain, cervical pain/cervicalgia, encounter long prescription use, and cervical, thoracic, or lumbar facet arthropathy. Treatment to date has included medication regimen, left wrist injection, status post carpal tunnel release, status post Guyon's canal release, status post cubital tunnel release, and multiple electromyogram studies. In a progress note dated 01/19/2015 the treating provider reports continued pain to the left wrist that is described as constant with stiffness. The pain is rated a two out of ten. The documentation provided did not contain the specific current requested medications of Hydrocodone with a quantity of 120, Ibuprofen with a quantity of 180, and Gabapentin with a quantity of 120. On 02/10/2015 Utilization Review modified the requested treatments of Hydrocodone 10/325mg with a quantity of 120 to Hydrocodone with a quantity of 105, Ibuprofen 800mg with a quantity of 180 to Ibuprofen with a quantity of 45, and Gabapentin 100mg with quantity of 120 to Gabapentin 100mg with a quantity of 60, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines: pages 74 to 82, page 68, page 17, page 132, page 22, page 72, and page 49.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75,78,79,80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-89, 90.

**Decision rationale:** The patient presents with left wrist and elbow pain rated 1/10 with medications, and associated numbness and loss of grip strength to the left hand. The patient's date of injury is 08/26/11. Patient is status post Guyon's canal release left, status post cubital tunnel release left - exact dates unspecified. The request is for HYDROCODONE 10/325MG #120. The RFA for this medication request was not provided, it appears that progress note dated 01/08/15 is the initiating prescription. Physical examination dated 01/08/15 of the left upper extremity reveals well healed surgical scars on the wrist, positive Finkelstein's test, weak/painful movement and limited flexion and extension of the wrist, and notes crepitus of the wrist joint. The patient is currently prescribed Omeprazole, Gabapentin, Ibuprofen, Bupropion, Norco, and Lisinopril. Diagnostic imaging was not included. Patient's current work status is not specified. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. In regards to the request of Hydrocodone for the management of this patients intractable pain, the request appears reasonable. Progress notes provided indicate that this is the initiating prescription of this medication. Progress report date 01/08/15 reports a pain level of 1/10 attributed to medications, and provides specific functional improvements: "the patient can perform some house or yard work, can perform self care, and is able to drive." Progress note dated 11/12/14 documents the collection of urine for a drug screen and notes consistent findings. The treater also consistently notes a lack of aberrant or drug seeking behavior and a lack of adverse effects in the reports provided. The requested 120 tablets for use over 30 days - 40mg per day - falls within MTUS recommendations of less than 60mg/day. Furthermore it appears that utilization review dated 02/10/15 certified this medication with modifications, reducing the number to 105 tablets and citing the need to achieve lowest possible dose. Given the documentation of pain relief, functional improvement, consistent UDS, and a lack of aberrant behaviors or adverse effects, this medication is appropriate as requested. The request IS medically necessary.

**Ibuprofen 800 mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** The patient presents with left wrist and elbow pain rated 1/10 with medications, and associated numbness and loss of grip strength to the left hand. The patient's date of injury is 08/26/11. Patient is status post Guyon's canal release left, status post cubital tunnel release left - exact dates unspecified. The request is for IBUPROFEN 800MG #180. The RFA for this medication request was not provided, it appears that progress note dated 01/08/15 is the initiating prescription. Physical examination dated 01/08/15 of the left upper extremity reveals well healed surgical scars on the wrist, positive Finkelstein's test, weak/painful movement and limited flexion and extension of the wrist, and notes crepitus of the wrist joint. The patient is currently prescribed Omeprazole, Gabapentin, Ibuprofen, Bupropion, Norco, and Lisinopril. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for Ibuprofen, the request appears appropriate. Progress reports provided indicate that this patient has been taking Ibuprofen since at least 11/12/14. The subsequent reports document a reduction in pain and functional improvement attributed to medications, though do not specifically mention Ibuprofen as the responsible medication. It appears that the utilization review dated 02/10/15 certified this medication, though modifies the requested 180 tablets to 45 tablets citing the need to wean the medication and conduct a "drug holiday". However, given documented pain reduction and functional improvements attributed to this medication, and others, continuation is reasonable. The request IS medically necessary.

**Gabapentin 100mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin Page(s): 18-19.

**Decision rationale:** The patient presents with left wrist and elbow pain rated 1/10 with medications, and associated numbness and loss of grip strength to the left hand. The patient's date of injury is 08/26/11. Patient is status post Guyon's canal release left, status post cubital tunnel release left - exact dates unspecified. The request is for GABAPENTIN 100MG #120. The RFA for this medication request was not provided, it appears that progress note dated 01/08/15 is the initiating prescription. Physical examination dated 01/08/15 of the left upper extremity reveals well healed surgical scars on the wrist, positive Finkelstein's test, weak/painful movement and limited flexion and extension of the wrist, and notes crepitus of the wrist joint.

The patient is currently prescribed Omeprazole, Gabapentin, Ibuprofen, Bupropion, Norco, and Lisinopril. Diagnostic imaging was not included. Patient's current work status is not specified. MTUS has the following regarding Neurontin -Gabapentin- on pg 18,19: "Gabapentin 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."In regards to the request for Gabapentin, the request appears reasonable. Progress notes do not clearly indicate how long this patient has been taking Gabapentin, though progress note dated 11/12/14 documents a reduction in this patient's neck and wrist pain specifically attributed to this medication. Additionally, this patient has continuing neuropathic symptoms, as demonstrated by diffuse numbness and tingling to the hand and wrist. Gabapentin is considered first line for neuropathic complaints. Given documentation of prior improvement and continued neuropathic symptoms for which this medication is recommended, continued use is medically substantiated. The request IS medically necessary.