

Case Number:	CM15-0047000		
Date Assigned:	03/19/2015	Date of Injury:	05/11/2013
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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: Connecticut, California, Virginia
 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 (IW) is a 55-year-old female who sustained an industrial injury on 05/11/2013. Diagnoses include left medial epicondylitis, left DeQuervain tenosynovitis, left wrist sprain and rule out left carpal tunnel syndrome. Treatment to date has included medications and activity modification. Diagnostics performed to date included electrodiagnostic studies. According to the progress report dated 2/25/15, the IW reported left wrist pain radiating up into the left elbow and at times the left shoulder and left neck. She stated there was numbness, tingling and weakness in the left hand. She reported her medications help her function daily. A request was made for Prilosec, Neurontin and Norco for pain management and stomach protection due to the narcotic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: It has been stated by utilization review with non-certifications for a Prilosec that the patient is not currently at high risk for gastrointestinal complications. Provided clinical notes request Prilosec but the most recent note provides no evidence of GI complaints or objective physical findings to warrant continued use. Review of systems does not mention anything concerning with regard to the gastrointestinal system. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. At this time, it is not clear whether or not the patient is currently taking NSAIDs, as the provided documents do not provide medical reconciliation. It is the opinion of this reviewer that the request for Prilosec being non-certified is reasonable as clarification of need prior to continued treatment is warranted. If, in fact, the patient has stomach upset from medications, or if the primary treating physician has legitimate concern for gastrointestinal complications due to continued pharmacologic treatment, the concerns should be clearly documented in order to facilitate future decision-making. At this time, the request for Prilosec is not considered medically necessary based on the provided documents.

Neurontin 300mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin.

Decision rationale: Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain; in this case, given findings consistent with possible neuropathic pain, it is possible that an antiepileptic is an appropriate treatment modality. Therefore, the request for Neurontin is considered medically appropriate based on the provided records. This medically necessary treatment should be closely monitored for functional improvement to facilitate decision-making with respect to future continuation of treatment.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: In this case, the provided documents requesting Norco show no indication of length of time over which the Norco will be likely be used. Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for

Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly has a multitude of medical issues warranting close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. The recent documents requesting Norco do not detail how long the medication would actually be expected to last, indicating that more detailed expectations should be outlined with the patient regarding the treatment plan and follow up. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, the request for Norco 10/325 is not considered medically necessary.