

<b>Case Number:</b>	CM15-0059955		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 is a female, who sustained an industrial injury on 9/21/2011. She reported cumulative trauma of the neck and right upper extremity. The injured worker was diagnosed as having cervical spine musculoligamentous sprain/strain, right shoulder impingement syndrome, and right wrist musculoligamentous sprain/strain. Treatment to date has included medications, magnetic resonance imaging, cortisone injection, and neuromuscular stimulation. The request is for Norco 7.5/25mg every 12 hours as needed #60, and Neurontin 300mg two times daily #90. A data analysis report from the primary treating physician dated 9/17/2013 indicates it is a supplemental report to initial examination of 9/27/2011. She reports daily compliance with the use of the neuromuscular stimulation unit, and having a reduction in her pain. She rated her pain level without the device as 5 and with the device as 2. The physician indicates this is a reduction of her pain level by 60%. The treatment plan included home treatment and home exercises.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/.25mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** 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 has 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. The provided notes do not include recent clinical encounters, making justification for continued treatment with opioids difficult with respect to evidence-based justification. 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 and lack of recent evidence of clinical evaluation, the request for Norco is not considered medically necessary.

**Neurontin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-convulsants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medications Page(s): 16.

**Decision rationale:** Anti-epilepsy medications like Neurontin (Gabapentin) are recommended for neuropathic pain. In this case, with no recent documentation of clinical encounters to include evidence of objective findings or test results indicative of neuropathic pain, it is difficult to conclude that an antiepileptic is an appropriate treatment modality. Therefore, the request for Neurontin cannot be considered medically necessary based on the provided records.