

Case Number:	CM15-0082426		
Date Assigned:	05/04/2015	Date of Injury:	06/05/2013
Decision Date:	06/03/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	04/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 6/5/2013. She reported left wrist pain. The injured worker was diagnosed as having status post left wrist dorsal ulnar sensory neuroma excision with probable complex regional pain syndrome, and possible left shoulder rotator cuff tendinitis/impingement syndrome. Treatment to date has included medications, physical therapy, acupuncture, and left wrist surgery. The request is for Norco, and Neurontin. The records indicate on 10/1/2014, she is continued on Gabapentin and Hydrocodone. She had no significant improvement of her pain of the left wrist and symptomology is unchanged from a previous visit. On 3/17/2015, she is continued on Hydrocodone, and Gabapentin. No significant improvement is noted. The treatment plan included: continuation of home electrical stimulation unit, referral to pain management, and Norco and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60, take 1 po BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic left upper extremity pain including a diagnosis of probable CRPS. When seen, medications are referenced as decreasing pain and allowing performance of activities of daily living. Physical examination findings included cervical spine tenderness and decreased and painful range of motion. She had neck pain with Spurling's testing. Phalen and Tinel testing was positive. There was first dorsal compartment tenderness. Norco was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Her Neurontin dose is 900 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management with reported decreased pain and improved activities of daily living. There are no identified issues of abuse or addiction. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

Neurontin 300mg #90, take 1 po TID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant is nearly 2 years status post work-related injury and continues to be treated for chronic left upper extremity pain including a diagnosis of probable CRPS. When seen, medications are referenced as decreasing pain and allowing performance of activities of daily living. Physical examination findings included cervical spine tenderness and decreased and painful range of motion. She had neck pain with Spurling's testing. Phalen and Tinel testing was positive. There was first dorsal compartment tenderness. Norco was being prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Her Neurontin dose is 900 mg per day. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore continued prescribing at this dose cannot be considered medically necessary.