

Case Number:	CM14-0107848		
Date Assigned:	08/01/2014	Date of Injury:	01/20/2003
Decision Date:	09/22/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/11/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported injury on 01/02/2003. The mechanism of injury was not provided. The injured worker was noted to be undergoing urine drug screens. The prior therapies were noted to include 39 sessions of cognitive behavioral psychotherapy and biofeedback. There were Requests for Authorization submitted for the requested medications. The documentation of 05/23/2014 revealed the injured worker had complaints of ongoing neck pain, and left shoulder pain. The injured worker's medications were noted to include Vicodin, neurontin, naproxen, Seroquel, Klonopin, Ativan, Wellbutrin, Risperdal, and Latuda. The injured worker was utilizing transdermal creams, which were not helping. The physical examination revealed the injured worker was utilizing a neck brace. The injured worker had decreased range of motion of the neck. The injured worker's manual muscle testing was normal, with the exception of mild shoulder elevation weakness due to pain. The injured worker had a mild head compression test and a negative Spurling's maneuver. The injured worker had tenderness that was present in the medial epicondyle, lateral epicondyle, and olecranon process. The sensory testing was decreased in the ulnar nerve distribution. The diagnoses included cervical disc herniation at the C6-7 level; left cubital tunnel release; status post left lateral epicondylar release; right lateral medial epicondylitis, compensatory; right carpal tunnel syndrome; status post anterior cervical discectomy and fusion C6-7 on 09/10/2005; status post left shoulder arthroscopy; and headaches. The treatment plan included Norco 10/325, 1 by mouth every 4 to 6 hours as needed #60 with 3 refills for chronic pain. The documentation indicated the Norco had been affected because it reduced the injured worker's pain to the point where it allowed the injured worker to perform some activities of daily living. Additionally, the documentation indicated the injured worker would be provided a prescription for Neurontin 600 mg, 1 by mouth 3 times a day as needed #90, with 3 refills for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg, quantity 90, with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of objective decrease in pain by at least 30% to 50%, and objective functional improvement. The duration of use could not be established through supplied documentation. The clinical documentation submitted for review failed to meet the above objective criteria. There was a lack of documentation indicating the necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Neurontin 600 mg, quantity 90 with 3 refills, is not medically necessary.

Norco 10/325 mg, quantity 60, with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain ;ongoing management Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker did or did not have side effects. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented necessity for 3 refills without re-evaluation. Given the above, the request for Norco 10/325 mg, quantity 60, is not medically necessary.