MAXIMUS Federal Services

Case Number:	CM14-0126723		
Date Assigned:	09/05/2014	Date of Injury:	02/20/2012
Decision Date:	10/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Internal Medicine 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 56 year old female who injured her wrist and hand on 02/20/12, she was holding onto something and when it was time to let it go, she twisted her right hand, right elbow, and right wrist and she felt a pop. It now affects her when she is driving. Prior utilization review on 07/29/14 the Neurontin was certified and Norco was non-certified. Most recent medical record submitted for review is dated 07/30/14, the injured worker was seen for a follow-up visit in reference to her injury of 02/20/12. She still has bilateral wrist pain and elbow pain. She is scheduled for left wrist surgery on August 1st. Examination of the cervical spine revealed tenderness and stiffness at the left paravertebrals as well as trapezius; left rotation and left tilt is restricted and painful; cervical compression test is negative; Spurling's test is negative. Examination of left shoulder revealed tenderness on deep palpation of the AC joint; range of motion somewhat normal, but injured worker is uncomfortable at the extreme range; impingement test is negative; negative Neer's and Hawkin's test; rotator cuff strength is equal on both arms at 5/5; stress testing of the anterior and posterior structures of the shoulder shows no evidence of shoulder instability. There is negative sulcas sign and apprehension test. Left elbow tenderness on bilateral medially as well as lateral epicondyle. There is full and painless range of motion as well as lateral epicondyle. There is full and painless range of motion with 0 to 150 degrees of flexion, full extension, full pronation and supination. There is no tenderness over the radial head as it is put through range of motion. Flexion and extension of the digits of the hand cause no pain refer to the elbow. There is no instability to Varus or Valgus stress testing. Tinel's sign is negative medially in the elbow with no sign of ulnar nerve irritation. Examination of the left wrist reveals the injured worker has no tenderness on the palpation of the wrist joint either volarly or dorsally. Wrist motion is unrestricted and painless in all planes. Negative Phalen's and Tinel's bilaterally. Thecal sign is positive on the left. Diagnoses include left-sided cervical

sprain, lumbar spine sprain, left shoulder sprain, lateral epicondylitis on the left side, and left wrist sprain rule out carpal tunnel syndrome. Current request is for Norco 10/325mg #60 and Neurontin 300mg #30. There is no documentation of VAS scores with and without medications or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, page(s) 77 Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Neurontin 300mg, qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Page(s): 49.

Decision rationale: As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. As such, the request for Gabapentin cannot be recommended as medically necessary. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.