

Case Number:	CM14-0142945		
Date Assigned:	09/10/2014	Date of Injury:	02/19/2013
Decision Date:	10/17/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/03/2014

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, has a subspecialty in Interventional 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 patient is a 48 year old female with an injury date on 02/19/2013. Based on the 07/02/2014 progress report provided by [REDACTED], the patient complains of right shoulder pain, right arm/hand pain, right hip pain, and legs pain. The patient describes her right shoulder pain and numbness a constant level of 9/10 and pain radiates to right arm/hand. Patient claims a constant pain of 9/10 for her lower back and pain radiates to right hip and legs. The progress reports do not discuss any positive exam findings. The diagnoses include the following: 1. Rotator cuff rupture 2. Superior glenoid labrum lesion 3. Climacteric arthritis, shoulder region Dr. [REDACTED] is requesting for Norco 10/325 mg #90, Neurontin 600 mg #90, and Fexmid 7.5 mg #90. The utilization review determination being challenged is dated 08/08/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 11/26/2013 to 08/28/2014. The five reports from 03/12/2014 to 07/02/2014 provided by [REDACTED] are hand-written and brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89; 78.

Decision rationale: According to the 07/02/2014 report by [REDACTED], this patient presents with right shoulder pain, right arm/hand pain, right hip pain, and both legs pain. The treater is requesting for Norco 10/325 mg #90. The report with the request is not provided. MTUS Guideline pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, however, requires "significant" improvements with ADL's as one of the definitions of functional improvements. Review of the reports show no discussion of return to work, or other significant improvements in ADL's, duration change in pain levels with medications, aberrant behavior and no outcome measures are discussed. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

Neurontin 600mg #90: 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
Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: According to the 07/02/2014 report by [REDACTED], this patient presents with right shoulder pain, right arm/hand pain, right hip pain, and both legs pain. The treater is requesting Neurontin 600 mg #90. The report with the request is not provided. MTUS Guidelines page 18 and 19 regarding Neurontin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function... Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case, the patient reports numbness and tingling in the legs and use of Gabapentin may be indicated. However, there is no documentation as to how this medication is helping the patient. There is no mention of at least 30% improvement of symptoms with Gabapentin. Recommendation is for denial.

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Muscle relaxants (for pain) Page(s): 63.

Decision rationale: According to the 07/02/2014 report by [REDACTED], this patient presents with right shoulder pain, right arm/hand pain, right hip pain, and both legs pain. The treater is requesting Fexmid 7.5 mg #90. The report with the request is not provided. MTUS guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." In this case, the dosage is not provided by the treater, and it appears to be used for long-term. The prescription is for #90 and the treater does not mention that this is to be used for short-term. Recommendation is for denial.