

Case Number:	CM14-0147755		
Date Assigned:	09/15/2014	Date of Injury:	03/28/2013
Decision Date:	11/19/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/11/2014

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 records, presented for review, indicate that this 45 year-old individual was reportedly injured on March 28, 2013. The mechanism of injury was noted as a twisting injury, in which the patient was attempting to use a battering ram to open a door. The most recent progress note, dated June 7, 2013, indicated that there were ongoing complaints of low back pain with radiation into his right leg, as well as right elbow and forearm pain. The injured employee described the back pain as sharp, severe and constant, with burning and numbness. The elbow pain was described as sharp, constant and severe, with tingling and numbness. The physical examination demonstrated the patient with an antalgic gait with a limp. There was tenderness to palpation of the paravertebral musculature. There was no tenderness to palpation of the thoracolumbar spine. Range of motion was restricted. Examination of the right elbow revealed tenderness to palpation at the medial at the condyle, lateral epicondylitis, and radial head. There was no effusion in elbow joint. There was no crepitation with range of motion of the elbow. There was full range of motion. Resisted wrist flexion was negative for right medial epicondylitis. Resisted wrist extension was positive for right lateral epicondylitis. Neurologic examination showed decreased sensation to light touch and pinprick in the T1, T2, L1-L3, L4, L5, and S1 nerve distributions. Tinel's sign was positive for right ulnar nerve irritation. Deep tendon reflexes were hyper-reflexive in bilateral upper extremities and were normal in bilateral lower extremities. Sensation was decreased to light touch and pinprick in the right upper extremities, along the C5, C6, C8, and T1 dermatomes. Straight leg raise test was positive to the right lower extremity. The back muscles displayed no weakness. There was pain with range of motion. There was also normal muscle strength in the left upper extremity, but there was weakness in all planes on strength testing of the right upper extremity. Diagnostic imaging studies included an MRI of the right elbow, which showed a partial thickness tear of the common extensor tendon, consistent with

lateral epicondylitis, as well as a sprain of the radial collateral ligament, minimal biceps tendinosis, with elbow joint effusion and minimal degenerative changes. An MRI of the thoracic spine showed discogenic disease from T5-T6 to T7-T8. MRI of the lumbar spine showed 3 mm retrolisthesis and right paracentral protrusion both at the L4-L5 and L5-S1 disc spaces, with left L5 foraminal stenosis and bilateral L4 foraminal stenosis. Also included were radiographs of the right elbow, thoracic spine, and lumbar spine, all of which were negative for acute findings. Previous treatment included chiropractic therapy and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As noted in the MTUS, this is for the short-term management of moderate to severe breakthrough pain. Furthermore, as outlined in the MTUS, the treatment plan parameters outlined in the MTUS for chronic opioid use require noting if the diagnosis has changed, other medications being employed, and if any attempt has been made to establish the efficacy of the medications and documentation of functional improvement. Furthermore, adverse effects have to be addressed. None of these parameters to continue this medication chronically have been measured. Therefore, the request is not medically necessary.

Neurontin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The MTUS treatment guidelines support gabapentin for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Review of the available medical records documents chronic back and right elbow pain since a work related injury in March 2013; however, the clinician fails to document objective findings of functional benefit with the use of this medication. Furthermore, the documentation does not include improvement on pain scores to warrant the need of ongoing analgesia from the requested medication. While it is noted that abrupt cessation of this medication is not advisable, the requested medication is not considered medically necessary.

