

<b>Case Number:</b>	CM14-0176961		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	02/25/2008
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2014

### 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 Occupational 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:

Patient is a 41 year-old male with date of injury 02/25/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/13/2014, lists subjective complaints as pain in the neck and bilateral shoulders. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paravertebral muscles with spasms that radiate to both shoulders. Range of motion for the right and left shoulders were restricted. Right shoulder showed signs of impingement syndrome and pain at the anterior capsular area. Right-sided chest tenderness to palpation over the 3rd and 4th ribs just lateral to the mid clavicular line. Sensory examination was normal. Deep tendon reflexes were normal. Cervical spinal exam did show some findings for facet capsular tears, potentially disc annular disruption syndrome with obvious findings for tension root signs. Diagnosis: 1. Bilateral impingement syndrome 2. Left sided facet tears at C3-4 and C4-5 3. Focal entrapment neuropathy of the upper extremities, left greater than right 4. Right carpal tunnel release 5. Left shoulder labral tear, per MRI 6. Left carpal tunnel release 7. Cervical lordotic straightening 8. Status post left shoulder subacromial decompression. Original review modified medication request to a) Norco 10/325, #60 and b) Neurontin 600mg with no refill. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as five years. Medications: 1. Norco 10/325, #180 SIG: one tablet by mouth every 4 hours, 2. Neurontin 600mg, #270 SIG: 3 by mouth 3 times a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective use of Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of many months and the patient has been taking Norco for at least 5 years. Norco 10/325mg #180 is not medically necessary.

**Prospective use of Neurontin 600mg #270 (refill x3):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Neurontin 600mg #270 (refill x3) is not medically necessary.