

Case Number:	CM14-0214411		
Date Assigned:	01/07/2015	Date of Injury:	03/23/2010
Decision Date:	03/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and elbow pain reportedly associated with an industrial injury of March 25, 2010. In a Utilization Review Report dated December 11, 2014, the claims administrator denied a request for Flexeril, Neurontin, and Norco. The claims administrator referenced an RFA form received on December 4, 2014, in its determination, along with progress notes of October and November 2014. The claims administrator noted that the applicant had extensive physical therapy, manipulative therapy, and acupuncture over the course of the claim. In a progress note of October 24, 2014, the applicant reported persistent complaints of neck, bilateral upper extremity, and bilateral elbow pain. The applicant was using three Norco a day. The applicant reported 10/10 pain despite the same. The applicant stated that her pain complaints were interfering with her activities of daily living and sleep. The applicant stated that her pain complaints were constant. The applicant was using Norco and oral Voltaren; it was stated in another section of the note. The applicant had undergone earlier cervical epidural steroid injection therapy and elbow surgery. The applicant's attending provider stated that he will continue Norco in conjunction with Flexeril and Neurontin. The applicant's work status was not clearly suggested. In a handwritten note dated November 20, 2014, the applicant was given a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitations in place. 10/10 pain was reported. In a June 14, 2014 progress note, the attending provider acknowledged that the applicant was not working. The applicant was using Norco, Voltaren, and topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was using a variety of oral and topical medications, including the Norco and Neurontin also at issue. Addition of cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 30-tablet supply of cyclobenzaprine (Flexeril) at issue represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Gabapentin 300mg #66: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms and Gabapentin Page(s): 3 and 49.

Decision rationale: The request for Gabapentin is medically necessary, medically appropriate, and indicated here. As noted on page 49 of MTUS Chronic Pain Medical Treatment Guidelines, gabapentin (Neurontin) is the first line treatment for neuropathic pain, as was/is present here. The MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by presence of lancinating, electric shock like, and/or burning pain. Here, the applicant reported complaints of neck pain radiating to bilateral upper extremities on October 24, 2014. Neurontin was seemingly introduced for the first time on that date. Therefore, the request for Gabapentin (Neurontin) is medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The applicant continued to report pain complaints scored as severe, constant, 10/10 on October 24, 2014. While the attending provider stated that medication consumption was beneficial, the attending provider did not elaborate on how Norco had or had not proven beneficial here. Therefore, the request is not medically necessary.