

Case Number:	CM15-0001283		
Date Assigned:	01/12/2015	Date of Injury:	10/15/2007
Decision Date:	03/11/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female patient who sustained an industrial injury on October 15, 2007. The current diagnosis includes bilateral RSI (repetitive strain injury) upper extremity. The doctor's note dated 12/11/2014 was not fully legible. Per the doctor's note dated 12/11/2014, she had complaints of ulnar sided numbness and tingling with weakness. Physical examination revealed positive Tinel's at right elbow. The treatment plan had included Gabapentin, Norco, and Soma. Prior diagnostic study reports were not specified in the records provided. Previous operative or procedure note related to the injury was not specified in the records provided. Other therapy for this injury was not specified in the records provided. On December 18, 2014 Utilization review form non certified Norco 10/325 # 60, Soma 350 mg # 90, Norco 10/325 # 30, and Gabapentin 300 mg # 30 noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 1 tab po q 3-6 hrs prn #60: 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 76-80 . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Norco 10/325 1 tab po q 3-6 hrs prn #60 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, 'A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.' A detailed legible clinical evaluation note is not specified in the records provided. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: 'The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.' The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 1 tab po q 3-6 hrs prn #60 is not established for this patient.

Soma 350mg 1 tab po tid #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Carisoprodol (.

Decision rationale: Request: Soma 350mg 1 tab po tid #90 According to California MTUS, Chronic pain medical treatment guidelines, Carisoprodol (Soma) is a muscle relaxant and it is not recommended for chronic pain. Per the guidelines, 'Carisoprodol is not indicated for long-term use. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety.' California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, 'muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most

commonly reported adverse effect of muscle relaxant medications.' A detailed legible clinical evaluation note is not specified in the records provided. The CA MTUS chronic pain guidelines do not recommended soma for long term use. The need for soma-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Evidence of muscle spasm is not specified in the records provided. The medical necessity of Soma 350mg 1 tab po tid #90 is not established in this patient.

Norco 10/325 1 tab po q 3-6 hrs prn #30 refill: 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 OPIOIDSPage 76-80 . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 02/23/15) Opioids, criteria for use

Decision rationale: Request: Norco 10/325 1 tab po q 3-6 hrsprn #30 refill. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, 'A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals.' A detailed legible clinical evaluation note is not specified in the records provided. The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: 'The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs.'The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325 1 tab po q 3-6 hrsprn #30 refill is not established for this patient.

Gabapentin 300mg 1 tab po qhs #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTI-EPILEPSY DRUGS:Gabapentin (Neurontin, Gabarone, generic
available)Page 18.

Decision rationale: Request: Gabapentin 300mg 1 tab poqhs #30. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines 'Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain.' Per the cited guidelines, 'CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007)Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study.' She had complaints of ulnar sided numbness and tingling with weakness. Physical examination revealed positive Tinel's at right elbow. There is objective evidence of nerve related pain. Gabapentin is recommended as an option for treating neuropathic pain. This request for Gabapentin 300mg 1 tab poqhs #30 is deemed medically appropriate and necessary in this patient.