

Case Number:	CM15-0124429		
Date Assigned:	07/08/2015	Date of Injury:	11/16/2002
Decision Date:	08/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/29/2015

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, New York, 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 63-year-old who has filed a claim for chronic neck, shoulder, forearm, and hand pain with derivative complaints of sleep disturbance reportedly associated with an industrial injury of November 16, 2002. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for gabapentin (Neurontin) and Tylenol with Codeine. The claims administrator referenced an office visit dated June 14, 2015 in its determination. The applicant's attorney subsequently appealed. On June 9, 2015, the applicant reported ongoing complaints of hand, forearm, neck, and shoulder pain with derivative complaints of sleep disturbance. The applicant was using Tylenol and Codeine intermittently and Neurontin on a daily basis, it was reported. Both medications were renewed as were the applicant's permanent work restrictions. The attending provider stated that the applicant's medications were working well but did not elaborate further. It was not stated whether the applicant was or was not working with said permanent limitations in place. On March 3, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, upper extremity pain, and fatigue. The applicant stated that she is getting worse. Neurontin and Tylenol with Codeine were continued. Once again, the applicant work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg QTY: 30 (DOS 6/14/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, applicant's on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant's permanent work restrictions were renewed, unchanged, on June 9, 2015. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Tylenol with Codeine. The attending provider failed, in short, to outline meaningful or material improvements in function (if any) effected as a result of ongoing gabapentin (Neurontin) usage. Therefore, the request was not medically necessary.

APAP codeine sol 120- 12/5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Tylenol with Codeine, a short-acting opioid, was likewise 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, however, it did not appear that the applicant was working with permanent work restrictions as of the June 9, 2015 office visit at issue. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Tylenol with Codeine usage on that date. Therefore, the request was not medically necessary.