

Case Number:	CM15-0129023		
Date Assigned:	07/15/2015	Date of Injury:	06/29/1994
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/02/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 65 year old female, who sustained an industrial injury on 06/29/1994. She has reported injury to the left shoulder. The diagnoses have included chronic left shoulder pain with impingement, status post arthroscopic surgery years ago; and left arm and hand paresthasias, rule out brachial plexopathy versus focal neuropathy versus radiculopathy. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Norco, Gabapentin, and Flexeril. A progress note from the treating physician, dated 02/19/2015, documented a follow-up visit with the injured worker. The injured worker reported continued left shoulder pain, which is sharp and tingling in the left arm; she also has stiffness; the pain level is ranging between 4-6/10 depending on her activities; she tries to do her home exercise program; and she has difficulty sleeping. Objective findings included she continues to have guarding with the cervical range of motion, which is limited; guarding and muscle spasms on the left with increased tone of the left upper trapezius muscle; Phalen's and Tinel's signs are positive on the left; and reflexes are diminished, but symmetrical in the bilateral upper extremities. Request is being made for the retrospective request for 1 prescription of Norco 10/325mg #60, date of service: 01/15/2015; and retrospective request for 1 prescription of Gabapentin 300mg #60, date of service: 01/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Norco 10/325mg #60, DOS: 01/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Criteria for Use of Opioids, Long-term Users of Opioids (6-months or more); Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or improvement of activity of daily living. Therefore, the retrospective prescription of Norco 10/325mg #60 is not medically necessary.

Retrospective request for 1 prescription of Gabapentin 300mg #60, DOS: 01/15/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Gabapentin (Neurontin).

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

Decision rationale: According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs -also referred to as anti-convulsants), 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. There was no documentation that the patient has functional improvement with previous use of Gabapentin. There is no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the retrospective prescription of GABAPENTIN 300mg #60 is not medically necessary.