

Case Number:	CM15-0129231		
Date Assigned:	07/15/2015	Date of Injury:	06/29/1994
Decision Date:	08/13/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/03/2015

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 65-year-old who has filed a claim for chronic shoulder, neck, and arm pain reportedly associated with an industrial injury of June 29, 1994. On June 8, 2015, the claims administrator failed to approve requests for Norco and Neurontin (gabapentin). The claims administrator referenced a December 15, 2014 RFA form and a progress note of August 20, 2014 in its determination. The claims administrator also referenced a February 19, 2015 progress note in its medical evidence log. The applicant's attorney subsequently appealed. In a prescription form dated February 5, 2014, Norco and Neurontin were renewed. A year's supply was seemingly prescribed and/or dispensed. In a progress note dated August 20, 2014, the applicant reported ongoing complaints of neck, shoulder, and arm pain. The applicant was using Norco, Flexeril, and Neurontin, it was reported. The applicant was also on glipizide, gemfibrozil, Tenormin, and metformin, it was reported. Permanent work restrictions were renewed. Medications were refilled. It was not clearly stated whether the applicant was or was not working with said limitations in place. No significant discussion of medication efficacy transpired other than an incidental comment made by the attending provider to the effect that Neurontin was helping with the applicant's tingling. On February 19, 2015, the applicant reported 4-6/10 neck, shoulder, and arm pain complaints. The applicant was using Norco, Neurontin, gemfibrozil, glipizide, Tenormin, and metformin, it was reported. Electrodiagnostic testing was sought. The applicant's work status was not outlined. Medications were renewed, without any seeming discussion of efficacy on this date. The applicant did report issues of insomnia, numbness, and tingling in conjunction with her chronic pain complaints. On

December 15, 2014, the applicant received refills of Norco and Neurontin. The applicant had to follow up in six months. No seeming discussion of medication efficacy transpired on this date.

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: 12/15/2014: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, 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, however, the applicant's work status was not outlined on multiple progress notes, referenced above, suggesting that the applicant was not, in fact, and working. Multiple progress notes simply stated that the applicant was permanent and stationary. It did not appear that the applicant was working with said permanent limitations in place. The December 15, 2014 progress note did not incorporate any discussion of medication efficacy and failed to outline quantifiable decrements in pain or meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Retrospective request for 1 prescription of Gabapentin 300mg #60, DOS: 12/15/2014: Upheld

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

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

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of gabapentin. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco. It did not appear, in short, that the applicant had demonstrated functional improvement as defined by the parameters established in MTUS 9792.20e, despite ongoing usage of gabapentin. The applicant

likewise continued to report issues with paresthesias, numbness, and tingling about the left upper extremity on multiple office visits, referenced above, including on the December 15, 2014 office visit at issue. It did not appear that these complaints had been appreciably attenuated with gabapentin usage. The attending provider ultimately went on to order electrodiagnostic testing to further evaluate. Therefore, the request was not medically necessary.