

Case Number:	CM15-0129286		
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 21-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 29, 1994. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for Norco and gabapentin. The claims administrator referenced an order form dated October 14, 2014 in its determination. The applicant's attorney subsequently appealed. On August 20, 2014, the applicant reported ongoing complaints of neck, shoulder, and arm pain. The applicant had comorbid diabetes and hypertension, it was reported. The applicant's medications reportedly included Norco, Flexeril, glipizide, gemfibrozil, Tenormin, and metformin, it was reported. The issues with insomnia and upper extremity paresthesias were reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. Drug testing was performed. On May 29, 2015, the attending provider sought retrospective authorization for six months worth of medications previously dispensed. On an RFA form dated October 14, 2014, Norco and Neurontin were endorsed. In an associated progress note of October 14, 2014, the applicant reported ongoing complaints of neck and arm pain with associated paresthesias. Muscles spasms were also reported. Medications were renewed and/or continued without any discussion of medication efficacy. The applicant's work status was not outlined.

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: 10/14/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list, Hydrocodone/Acetaminophen; Weaning of Medications.

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 office visits, referenced above, including October 14, 2014. It did not appear, however, the applicant was working following imposition of permanent work restrictions. The attending provider likewise failed to outline quantifiable decrements in pain or meaningful, material improvements in function on multiple office visits, referenced above, including on the October 14, 2014 office visit at issue. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Retrospective request for 1 prescription of Gabapentin 300mg #60, DOS: 10/14/2014: 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 and adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain 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, it did not appear that ongoing usage of gabapentin (Neurontin) have resulted in the applicant's return to work. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) suspected as a result of ongoing gabapentin usage on the October 14, 2014 office visit at issue. Said October 14, 2014 office visit did not incorporate any discussion of medication efficacy. Ongoing usage of gabapentin failed to alter the applicant's permanent work restrictions. Ongoing usage of gabapentin failed to curtail the applicant's dependence on Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.