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| Case Number: | CM15-0129371 | | |
| 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 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 Neurontin. The claims administrator referenced a November 14, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On November 14, 2014, the applicant was given refills of Norco and Neurontin. Ongoing complaints of neck and shoulder pain radiating to the left arm were reported. The applicant's work status was not articulated. No discussion of medication efficacy transpired. Norco and Neurontin were nevertheless prescribed and/or dispensed. On May 29, 2015, the attending provider sought retrospective authorization for six months worth of Norco and Neurontin. Again, no seeming discussion of medication efficacy transpired. The applicant's work and functional status were not outlined. On February 19, 2015, the applicant reported 4-6/10 neck and shoulder pain complaints. The applicant was using Norco, Neurontin, glipizide, gemfibrozil, Tenormin, and metformin, it was reported. The applicant reported issues with insomnia and paresthesias. Electrodiagnostic testing, Norco, and Neurontin were all endorsed. No seeming discussion of medication efficacy transpired.

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: 11/14/2014: 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 progress notes, referenced above, although it did not appear that the applicant was working following imposition of permanent work restrictions. The attending provider's November 14, 2014 progress note failed to outline either quantifiable decrements in pain or meaningful, 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: 11/14/2014: 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 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 achieved as a result of the same. Here, however, the November 14, 2014 progress note failed to incorporate any discussion of medication efficacy. The applicant's work status was not clearly articulated, although it did not appear that the applicant was working following imposition of permanent work restrictions. Ongoing use of gabapentin (Neurontin) failed to curtail the applicant's dependence on opioid agents such as Norco. Heightened paresthesias were reported on February 19, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin (Neurontin). Therefore, the request was not medically necessary.