

<b>Case Number:</b>	CM15-0129917		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	07/25/2003
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 30-year-old female, with a reported date of injury of 07/25/2003. The mechanism of injury was repetitive upper extremity manipulative activity while working. The injured worker's symptoms at the time of the injury included right and left wrist and hand pain. The diagnoses include bilateral upper extremity myofascial pain, de Quervain's tendonitis, status post right wrist de Quervain's release, status post left wrist de Quervain's release, neuritis, depression with anxiety, and rule out bilateral carpal tunnel syndrome. Treatments and evaluation to date have included bilateral wrist de Quervain's release, injections, oral medications, occupational therapy, topical pain medication, and wrist splints. The diagnostic studies to date have included x-rays of the wrist on 03/10/2009; and electrodiagnostic studies of the bilateral wrist on 03/25/2009 with normal findings. The progress report dated 06/05/2015 indicates that the injured worker stated that she was having a tough time managing her pain with the current medications. She complained of pain in the bilateral shoulders with radiation to the hands. The pain was described as aching, numbness, sharp, shooting, and miserable. The injured worker reported no changed with her pain condition. She continued to struggle with her part-time job. The physical examination showed no deformity or visible muscle atrophy in the upper and lower limbs, decreased grip strength with both hands, intact sensory at the bilateral upper extremities and reflex was symmetrically diminished. A random urine toxicology was performed on the day of the visit. The CURES report was reviewed and documented as consistent. The goal for pain management was to help the injured worker keep the part-time job. It was documented that the injured worker's work status was return to modified worker on 10/08/2013 with

restrictions per the qualified medical examination. The toxicology report dated 03/13/2015 was positive for hydrocodone, hydromorphone, norhydrocodone, dihydrocodeine, benzodiazepines and acetaminophen. The treating physician requested Gabapentin, Norco, and Percocet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 500 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-19 and 49.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug (AED) and also referred to as an anti-convulsant). It has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia. Gabapentin has been considered as a first-line treatment for neuropathic pain. The injured worker had been diagnosed with neuritis and bilateral upper extremity myofascial pain. The MTUS indicates that antiepileptic drugs are not recommended for myofascial pain, since "there is a lack of evidence to demonstrate that they significantly reduce the level of myofascial or other sources of somatic pain." The request does not meet guideline recommendations. Therefore, the request for Gabapentin is not medically necessary.

**Norco 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Norco (hydrocodone and acetaminophen) is recommended for moderate to moderately severe pain. The injured worker has been taking Norco since at least 12/01/2014. The MTUS Guidelines state that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation did not include these items as recommended by the guidelines. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The injured worker's return to work was based on a previous examination. A random drug test was performed; however, an opioid contract was not discussed. There is no

evidence of significant pain relief or increased function from the opioids used to date. Therefore, the request for Norco is not medically necessary.

**Percocet 10/325 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Percocet is a combination of oxycodone and acetaminophen. The CA MTUS Chronic Pain Guidelines indicate that oxycodone should be administered every 4 to 6 hours as needed for pain and for more severe pain, the dose is 10-30mg every 4 to 6 hours as needed for pain. There is no documentation of when the injured worker started Percocet. The treating physician's request does not include a specified frequency. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There was documentation that the injured worker had been taking another opioid since at least 12/01/2014, and that Tramadol had caused anxiety. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Therefore, the request for Percocet is not medically necessary.