

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0178768 | | |
| Date Assigned: | 09/21/2015 | Date of Injury: | 04/24/2005 |
| Decision Date: | 10/29/2015 | UR Denial Date: | 08/13/2015 |
| Priority: | Standard | Application Received: | 09/11/2015 |

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 [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of April 24, 2005. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve requests for Norco and gabapentin (Neurontin). A July 16, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant reported ongoing complaints of neck pain radiating to right arm, 2/10 with medications versus 9/10 without medications. The attending provider contended that the applicant's ability to perform activities of daily living, sleep, and engage in intimate relationship had all been adversely impacted as a result of ongoing medication consumption. The attending provider contended that the applicant's ability to cook and dress herself had been ameliorated as a result of ongoing medication consumption, however. Norco, Naprosyn, Neurontin, and Zestril were all seemingly renewed and/or continued. The applicant was not working, it was acknowledged. The applicant received an earlier cervical epidural steroid injection, it was reported. In a highly similar note dated July 16, 2015, the applicant reported ongoing complaints of neck pain radiating to right arm and low back pain radiating to the right leg, aggravated by activities as basic as walking. 2/10 pain with medications versus 9/10 without medications was reported. The applicant had received a recent cervical epidural steroid injection, it was stated. The applicant was not working, it was acknowledged. In one section of the note, the attending provider renewed Norco, Neurontin, Naprosyn and Zestril while stating, somewhat incongruously, in another section of the note that the applicant was currently taking only over-the-counter medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for hydrocodone-acetaminophen (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 was not working and it was reported on July 16, 2015 and on August 13, 2015. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing medications consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the fact that the applicant's ability to dress herself and perform cooking at unspecified amounts did not, in and of itself, constitute evidence of meaningful benefits derived as a result of the ongoing opioid therapy and was, as noted previously, outweighed by the applicant's failure to return to work and the attending provider's reports to the fact that the applicant was still having difficulty performing activities of daily living as basic as standing and walking, despite ongoing Norco usage. Therefore, the request was not medically necessary.

Gabapentin 300mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Similarly, the request for gabapentin (Neurontin), an anti-convulsant 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 (Neurontin) should be asked "at each visit" as to whether have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, it was reported on both August 30, 2015 and on July 16, 2015. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Norco. Activities as basic as standing and walking remain problematic, the treating provider reported on both dates. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.