

Case Number:	CM15-0062265		
Date Assigned:	04/08/2015	Date of Injury:	03/04/2013
Decision Date:	05/12/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/01/2015

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 39-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 4, 2013. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for Naprosyn, Neurontin, and Norco. Progress notes of February 11, 2015 and January 15, 2015, were referenced in the determination. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of neck pain radiating to the right upper extremity, 6/10 with medications versus 8/10 without medications. Gripping, grasping, and nonspecific hand activities remain problematic, as did activities of personal care and self hygiene. The applicant was not working, the treating provider acknowledged. The applicant was given various diagnoses, including chronic pain syndrome versus cervical radiculitis, versus generalized anxiety disorder, versus complex regional pain syndrome (CRPS) versus thoracic outlet syndrome (TOS). Altered medications were renewed, including Norco, Naprosyn, Neurontin, and naloxone. The applicant was using a variety of other medications from other providers, including Xanax and Paxil, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 & 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, it was acknowledged, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report difficulty performing activities of daily living as basic as gripping, grasping, lifting, personal care, and self hygiene, it was acknowledged on February 11, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Gabapentin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

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 using 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. In this case, however, the attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing gabapentin usage. While the attending provider did outline some reported reduction in pain scores from 8/10 without medications to 6/10 with medications on February 11, 2015, these were, however, outweighed by the applicant's failure to return to work, and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing gabapentin usage. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioids agents such as Norco, it was further noted. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 19.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise 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 off of work, it was acknowledged on February 11, 2015. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 6/10 with medications on that date, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) as result of the ongoing Norco usage. The applicant's commentary to the effect that activities of daily living as basic as gripping, grasping, self care, and personal hygiene remain limited, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.