

<b>Case Number:</b>	CM15-0067719		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	01/01/1995
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64 year old male, who sustained an industrial injury on 01/01/1995. He reported the development of pain to the right wrist and hand secondary to repetitive work duties. The injured worker was diagnosed as having status post right carpal tunnel release and carpal tunnel syndrome, stress, anxiety, sleep disorder and mood changes. Treatment to date has included status post right carpal tunnel release, medications regimen and use of braces. In a progress note dated 03/05/2015 the treating physician reports complaints of right hand and wrist pain, along with tenderness with palpation to the flexor tendons There was associated numbness over the median nerve distribution. The treating physician requested the medications of Norco 10/325mg with a quantity of 60 for treatment of chronic pain syndromes, Omeprazole 20mg with a quantity of 30 for the treatment of dyspepsia due to non-steroidal anti-inflammatory use or other medication use, and Gabapentin 300mg with a quantity of 60 for the treatment of neuropathic pain due to nerve damage per the Medical Treatment Utilization Schedule.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records did not show that the patient failed treatment with NSAIDs. There is no documentation of guidelines required compliance monitoring of UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Norco 10/325mg #60 is not medically necessary.

**30 Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation University of Michigan Health system. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): 2012 May 12 p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastrointestinal complications associated with chronic NSAIDs use. The records did not show that the patient is utilizing NSAID medications. There is no documentation of a prior history of gastrointestinal disease. The criteria for the use of omeprazole 20mg #30 is not medically necessary.

**60 Gabapentin 300mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drug (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that gabapentin can be utilized for the treatment of neuropathic pain. The records indicate that that the patient had subjective and objective findings consistent with the diagnosis of neuropathy. There is documentation of compliance, efficacy and functional restoration with the use of gabapentin. The criteria for the use of gabapentin 300mg #60 is medically necessary.