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| Case Number: | CM15-0073150 | | |
| Date Assigned: | 04/23/2015 | Date of Injury: | 06/25/2013 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 04/16/2015 |

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, California
 Certification(s)/Specialty: Family Practice

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 51 year old female, who sustained an industrial injury on June 25, 2013. She has reported elbow pain, wrist pain, hand pain, and thumb pain. Diagnoses have included chronic left wrist and thumb pain. Treatment to date has included medications, acupuncture, arm and thumb surgeries, bracing, injections, and therapy. A progress note dated January 28, 2015 indicates a chief complaint of left wrist and elbow pain, and right wrist, hand and thumb pain. The treating physician documented a plan of care that included medications. Per the doctor's note dated 2/25/15 patient had complaints of pain in left forearm. Physical examination revealed tenderness on palpation over left elbow and wrist. The medication list include Norco, Gabapentin and Motrin. The patient's surgical history include left ulnar release on 2/30/13 and left thumb arthroplasty on 3/19/14. The patient has had urine drug screen test on 10/30/14 was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Request: Norco 5/325mg, two (2) times per day, #60. Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 5/325mg, two (2) times per day, #60 is not established for this patient.

Neurontin 400mg by mouth, three (3) times per day: Overtuned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs); Gabapentin (Neurontin) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

Decision rationale: Neurontin 400mg by mouth, three (3) times per day. According to the CA MTUS Chronic pain guidelines regarding Neurontin/ gabapentin, "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Spinal cord injury: Recommended as a trial for chronic neuropathic pain lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit. This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. She has reported elbow pain, wrist pain, hand pain, and thumb pain. Diagnoses have included chronic left wrist and thumb pain. A progress note dated January 28, 2015 indicates a chief complaint of left wrist and elbow pain, and right wrist, hand and thumb pain. Per the doctor's note dated 2/25/15 patient had complaints of pain in left forearm. Physical examination revealed

tenderness on palpation over left elbow and wrist. The patient's surgical history include left ulnar release on 2/30/13 and left thumb arthroplasty on 3/19/14. The patient has chronic pain with a possible neuropathic component (history of ulnar nerve surgery). The patient has abnormal objective findings that are consistent with the patient's symptoms. Anticonvulsants or Gabapentin 600mg quantity 600 are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 600mg quantity 600 in patients with this clinical situation therefore the request is deemed medically necessary.