

Case Number:	CM15-0078100		
Date Assigned:	04/29/2015	Date of Injury:	12/27/2000
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 66 year old female sustained an industrial injury on 12/27/2000. She subsequently reported right shoulder pain. Diagnoses include shoulder strain, shoulder impingement and rotator cuff syndrome. Treatments to date have included x-ray and MRI studies, therapy and cane and prescription pain medications. The injured worker continues to experience right shoulder pain that radiates down the right arm. Upon examination, crepitus noted in both shoulders, tenderness to palpation in the biceps tendon on the right and trigger points palpated in the upper trapezius, lower trapezius and splenius capitis bilaterally. A request for Neurontin and Norco medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg, #90: 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 Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 12/27/00 and presents with difficulty sleeping due to pain as well as right shoulder pain which radiates down the right arm. The request is for NEURONTIN 300 MG #90. The utilization review letter did not provide a rationale. There is no RFA provided and the patient is disabled. She has been taking this medication as early as 10/23/14. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient is diagnosed with shoulder strain, shoulder impingement, and rotator cuff syndrome. Crepitus is noted over both shoulders, there is tenderness to palpation in the biceps tendon on the right, and there are trigger points palpated in the upper trapezius, lower trapezius, and splenius capitis bilaterally. There is paresthesias to light touch in the digits 1-5 bilaterally, a positive Adson's test bilaterally, a positive Hawkin's test on the right, a positive Speed's test on the right, and a positive Tinnel's sign at the wrist bilaterally. On 10/23/14 and 12/19/14, she rated her pain as a 7/10 and is able to bathe, cook, dress, drive, and groom herself. On 11/26/14, she rated her pain as a 7/10 at its worst and a 5/10 at its best. The 01/19/15 report states that she rated her pain as a 7/10 at its worst and a 4/10 at its best. The 02/19/15 report states that the patient "is able to tolerate sitting for 20-25 minutes, standing for 5-10 minutes and walking for 5-10 minutes." MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. It appears that Neurontin has been beneficial to the patient's pain and function. Given the discussion regarding efficacy, the requested Neurontin IS medically necessary.

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Hydrocodone Page(s): 76-78, 88-90.

Decision rationale: The patient was injured on 12/27/00 and presents with difficulty sleeping due to pain as well as right shoulder pain which radiates down the right arm. The request is for NORCO 10/325 MG #120. There is no RFA provided and the patient is disabled. She has been taking this medication as early as 10/23/14. Progress reports are provided from 10/23/14 to 03/24/15. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior) as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication for work, and duration of pain relief. MTUS page 90 also continues to state that the maximum dose of hydrocodone is 60 mg per day. On 10/23/14 and 12/19/14, she rated her pain as a 7/10 and is able to bathe, cook, dress, drive, and groom herself. On 11/26/14, she rated her pain as a 7/10 at its worst and a 5/10 at its best. The 01/19/15 report states that she rated her pain as a 7/10 at its worst and a 4/10 at its best. The 02/19/15 report states that the patient "is able to tolerate sitting for 20-25 minutes, standing for 5-10 minutes and walking for 5-10 minutes." In this case, the treater does provide a before-and-after medication usage to document analgesia and lists ADLs which demonstrated medication efficacy. However, there are no discussions provided regarding

adverse behaviors/side effects. No validated instruments are used either. There are no pain management issues discussed such as urine drug screens, CURES report, pain contract, et cetera. No outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.