

Case Number:	CM15-0094733		
Date Assigned:	05/20/2015	Date of Injury:	02/19/1999
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/15/2015

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:

The injured worker is a 63 year old male, who sustained an industrial injury on 2/19/1999. Diagnoses have included right carpal tunnel syndrome, lateral epicondylitis and chronic insomnia. Treatment to date has included splints, braces, injections and medication. According to the progress report dated 4/29/2015, the injured worker complained of right elbow pain. He reported that the pain was worse since the last month for unknown reasons. He also complained of chronic insomnia. Exam of the right elbow revealed pain at the lateral epicondyle. Sensation deficit was noted in the musculocutaneous nerve distribution. There was positive Tinel's sign at wrist. Authorization was requested for Gabapentin and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Gabapentin 800mg #90 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Gabapentin, medications for chronic pain Page(s): 18-19, 60-61.

Decision rationale: The 63 year old patient presents with right lateral epicondylitis, right carpal tunnel syndrome, and chronic insomnia, as per progress report dated 04/29/15. The request is for 1 prescription OF Gabapentin 800 mg, # 90 with 6 refills. The RFA for this request is dated 03/04/15, and the patient's date of injury is 02/19/99. Medications, as per another progress report dated 04/29/15, included Amlodipine, Hydrochlorothiazide, Flomax, Gabapentin, Norco, Temazepam, Docusate, Lipitor, Lotrel, Singulain, Prozac, Amitriptyline, Topiramate and Aspirin. The patient is permanently off work, as per progress report dated 04/29/15. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Gabapentin is first noted in progress report dated 02/24/15, and the patient has been taking the medication consistently at least since then. As per progress dated 04/29/15, Gabapentin is one of the palliative factors. The treater states that medications help the patient "do his ADLs and is more functional. Medications are needed to control his pain, allow him to do his ADLs. They allow him to have increased function." The patient does suffer from carpal tunnel syndrome, a type of neuropathic pain, for which Gabapentin is indicated. However, 6 refills appear excessive. MTUS, page 60, requires regular documentation of efficacy in terms of reduction in pain and improvement in function for all pain medications. Hence, the request of #90 with 6 refills is not medically necessary.

1 Prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The 63 year old patient presents with right lateral epicondylitis, right carpal tunnel syndrome, and chronic insomnia, as per progress report dated 04/29/15. The request is for 1 prescription for Norco 10/325 mg, # 120. The RFA for this request is dated 02/26/15, and the patient's date of injury is 02/19/99. Medications, as per another progress report dated 04/29/15, included Amlodipine, Hydrochlorothiazide, Flomax, Gabapentin, Norco, Temazepam, Docusate, Lipitor, Lotrel, Singulain, Prozac, Amitriptyline, Topiramate and Aspirin. The patient is permanently off work, as per progress report dated 04/29/15. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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 to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 02/22/11, and the patient has been taking the medication consistently since then. As per progress dated 04/29/15, Norco is one of the palliative factors. The treater states that medications help the patient "do his ADLs and is more functional. Medications are needed to control his pain, allow him to do his ADLs. They allow him to have increased function." The treating physician,

however, does not use a validated scale to document reduction in pain nor does the treater provide specific examples that demonstrate an improvement in function. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.