

Case Number:	CM14-0212798		
Date Assigned:	12/30/2014	Date of Injury:	11/01/1999
Decision Date:	11/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/19/2014

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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:

This injured worker is a 68 year old female who reported an industrial injury on 11-1-1999. Her diagnoses, and or impressions, were noted to include: right hand pain; right hand status-post carpal tunnel release surgery (7-2000) with residuals, multiple trigger finger releases (1-5) (10-2002) with residuals and recurrent tendinitis with triggering; removal of right hand scar tissue (2009); status-post left carpal tunnel release surgery (9-2000) with residuals; and left multiple trigger finger releases (1-2003) with residuals; and "RSD". No imaging studies were noted; a toxicology study was noted on 9-30-2014. Her treatments were noted to include: multiple surgeries followed by physical therapy; injection therapy in the cervical spine - ineffective; bracing; medication management with toxicology studies; and modified work duties versus rest from work as she was stated to have no use of her hands. The orthopedic progress notes of 11-18-2014 reported: that her hands were very bad with severe pain, numbness-tingling in her right hand, with severe spasms in her right thumb that crossed-over into her second web space; cramping in her hand; that she was not in therapy; was supposed to get a home health check as she cannot use her hands; moderate left wrist pain; and that she took 2 Norco 10-325 mg per day. The objective findings were noted to include: no exaggerated pain behavior; 0 hand grip in the right hand; a very sclerotic right hand, lacking 4 cm pulp to palm with all fingers; very poor sensation and very tight skin such scleroderma would produce, or complex regional pain syndrome; and her left hand was almost as bad as her right, but with a little more flexion and function. The physician's requests for treatment were noted to include the renewal of Norco 10-325 mg, #60, and for gabapentin 300 mg, #60, twice a day, that she tried it several months ago

noting a decrease in her burning sensation, but ran out. The Request for Authorization, un-dated, was noted to include Norco 10-325 mg, #60. The Utilization Review of 12-17-2014 modified the request for Norco 10-325 mg, #60, to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg quantity #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records have not included documentation of the pain with and without medication, no significant adverse effects, and pain contract on file, objective functional improvement, and performance of necessary activities of daily living. Documentation was provided for history of urine drug testing and other first-line pain medications (gabapentin). In total, the records do not indicate that she has had sustained functional improvement and documentation has not met the cited guidelines. The injured worker should continue appropriate follow up and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Therefore, the request for Norco 10/325 mg quantity #60 is not medically necessary and appropriate for ongoing pain management.

Gabapentin 300 mg quantity #60 for symptoms related to right hand/wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the cited MTUS, antiepilepsy drugs (AEDs), such as gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, she has had documented reduction in pain and improvement in function specific to the use of gabapentin.

Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of gabapentin in the case of this injured worker. Therefore, Gabapentin 300 mg quantity #60 is medically necessary and appropriate.