MAXIMUS Federal Services

Case Number:	CM13-0014687		
Date Assigned:	12/11/2013	Date of Injury:	06/02/2009
Decision Date:	02/14/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; topical compounds; psychotropic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and acupuncture; and unspecified amounts of chiropractic manipulative therapy. The applicant's work status is incongruously documented by different providers and different specialties. Some of the attending providers write that the applicant has been given permanent work restrictions, other providers write that the applicant has been given temporary restrictions, and other providers suggested that the applicant has been returned to regular work. In a utilization review report of August 2, 2013, the claims administrator denied request for gabapentin, Prilosec, Elavil, Norflex, and a topical compound. The applicant's attorney later appealed. An earlier note of July 24, 2013 is notable for comments that the applicant's shoulder pain is considerably better. The applicant is on Neurontin, Naprosyn, and Zanaflex. The applicant's shoulder pain is scored at 6/10. The note has been blurred as a result of repetitive photocopying and faxing and is somewhat difficult to follow. Prilosec, topical compounds, Elavil, and Neurontin are endorsed alongside myofascial release therapy. The applicant does have a positive Spurling maneuver and does report intermittent numbness and tingling about the right forearm, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Gabapentin 600 mg Â½ qhs may increase to 1 bid, #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

Decision rationale: Yes, the request for gabapentin 600 mg one-half qhs. may increase to one b.i.d. #100 is medically necessary, medically appropriate, and indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the recommended trial period for gabapentin is three weeks for titration and then one to two weeks at maximum tolerated dosage. In this case, the gradated, stepwise increase in gabapentin dosage suggested by the attending provider does conform to the MTUS. Accordingly, the request is certified.

Request for prescription of Amitriptyline Â½-1 at bedtime: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13,15.

Decision rationale: Similarly, the request for amitriptyline one-half to one tablet at bedtime is also medically necessary, medically appropriate, and indicated here. As noted on page 15 of the MTUS Chronic Pain Medical Treatment Guidelines, amitriptyline or Elavil is recommended in the treatment of neuropathic pain, seemingly present here, as evinced by the applicant's complaints of right forearm pain with associated numbness and tingling about the digits. Page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does strongly endorse usage of antidepressants in the treatment of chronic neuropathic pain and does tepidly endorse usage of the same in non-neuropathic pain as well. Therefore, on balance, continuing amitriptyline or Elavil is indicated and appropriate here. Accordingly, the original utilization decision is overturned. The request is certified, on independent medical review.

Request for prescription of Norflex (100 mg) one with dinner #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: The request for Norflex 100 mg with dinner #60 is not medically necessary, medically appropriate, or indicated here. As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended on a short-

term basis to treat acute exacerbations of chronic low back pain. In this case, however, the bulk of the applicant's pain seemingly stems from the shoulder and not the low back. It is further noted that muscle relaxants such as Norflex are not recommended on a chronic, scheduled, and/or nightly use, which is being proposed here. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Request for prescription of Keto-Gaba-Lido cream 1 gm bid (at the workplace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: The proposed ketoprofen-gabapentin-lidocaine cream is also not medically necessary, medically appropriate, or indicated here. As noted on pages 112 and 113 of the MTUS Chronic Pain Medical Treatment Guidelines, neither gabapentin nor ketoprofen is recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry unfavorable recommendations here, the entire compound is considered not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request remains non-certified, on independent medical review.