

Case Number:	CM13-0017409		
Date Assigned:	10/11/2013	Date of Injury:	09/24/2004
Decision Date:	01/07/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine and Rehabilitation 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 IMR application shows the injury date as 9/24/2004 and the employee is disputing the 8/13/13 UR decision. The 8/13/13 UR letter is by [REDACTED], and based off the 6/27/13 report, and was denied for lack of information. The 6/27/13 report is from [REDACTED]. He requests Gabapentin, Norco and Naproxen without providing the dosage. According to the 8/15/12 Chiropractic report, the patient had chronic right wrist pain, with ganglion cysts and was status post carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg qty unknown.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nuerontin Page(s): 18-19.

Decision rationale: The request is for an unknown quantity or dose of gabapentin 300mg tablets. There is not enough information provided to confirm that the medication is provided in accordance with MTUS Chronic Pain Guidelines, and since "medical necessity" has been defined

as treatment based on MTUS Guidelines, this request cannot be considered medically necessary. The request for Gabapentin 300mg qty unknown is not medically necessary and appropriate.

Norco 10/325mg qty unknown.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: The request is for an unknown quantity or dose of Norco 10/325mg tablets. There is not enough information provided to confirm that the medication is provided in accordance with MTUS Chronic Pain Guidelines, and since "medical necessity" has been defined as treatment based on MTUS Guidelines, this request cannot be considered medically necessary. The request for Norco 10//325mg qty unknown is not medically necessary and appropriate.

Omeprazole 20mg qty unknown.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

Decision rationale: The request is for an unknown quantity or dose of Omeprazole 20mg tablets. There is no discussion on any GI risk factors. There is not enough information provided to confirm that the medication is provided in accordance with MTUS Chronic Pain Guidelines, and since "medical necessity" has been defined as treatment based on MTUS Guidelines, this request cannot be considered medically necessary. The request for Omeprazole 20mg qty unknown is not medically necessary and appropriate.

Naproxen 550mg qty unknown.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: The request is for an unknown quantity or dose of Naproxen 550mg tablets. There is no discussion on any GI risk factors. There is not enough information provided to confirm that the medication is provided in accordance with MTUS Chronic Pain Guidelines, and since "medical necessity" has been defined as treatment based on MTUS Guidelines, this request cannot be considered medically necessary. The request for Naproxen 550mg qty unknown is not medically necessary and appropriate.

**Exoten-C Pain Relief Lotion (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%)
30mg and 180mg qty 2.: Upheld**

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Guidelines discusses topical analgesics. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no discussion of antidepressants or gabapentin failing. The gabapentin could not be approved, because of the incomplete prescription, and unknown benefit. The request for the topical lotion Exoten-C does not appear to be in accordance with MTUS Chronic Pain Guidelines. The request for Exoten-C Pain Relief Lotion (Methyl Salicylate 20%/Menthol 10%/Capsaicin 0.002%) 30mg and 180mg qty 2 is not medically necessary and appropriate.

Right Wrist Brace.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: The patient is reported to have residuals from carpal tunnel release and ganglion cyst. ACOEM guidelines supports the use of wrist braces for patient comfort as needed to reduce pain, along with work modifications. The request for a right wrist brace is medically necessary and appropriate.

Urine Sample.: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The available records show a single urine drug screen performed on 11/30/12 which showed hydrocodone which was listed as being prescribed. There are no other urine drug screens for 2012 or 2013. A urine drug screen for 2013 does not appear to be excessive even for a patient that may be considered low risk. The request is in accordance with MTUS guidelines. The request for a urine sample is medically necessary and appropriate.

Acupuncture 2x6.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: