

Case Number:	CM13-0019213		
Date Assigned:	10/11/2013	Date of Injury:	08/09/2008
Decision Date:	01/10/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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.

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 elbow, forearm, and shoulder pain reportedly associated with an industrial injury of August 9, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; prior biceps tendon repair surgery in 2008; diagnosis with carpal tunnel syndrome; a return to part time modified work; and work restrictions. The medical records do not reflect that the applicant has returned to work with limitations in place, it is noted. The applicant also reports subsequent development of left upper extremity reflex sympathetic dystrophy, and sleep disorder, it is further noted. In a utilization review report of August 27, 2013, the claims administrator denied the request for an elbow cushion guard and prescription for Neurontin, citing lack of supporting information. The clinical progress note of September 5, 2013 is notable for comments that the applicant reports persistent left elbow pain shooting to the left hand. The applicant was on Norco four times daily and gabapentin three times daily for the same. The elbow pads were dispensed for diagnosis of left elbow cubital tunnel syndrome. The applicant was having hypersensitivity test about the left elbow with a positive Tinel sign at the cubital tunnel. An earlier note of August 7, 2013 was also notable for comments that the applicant is employed with a [REDACTED] company. He is working 50 hours a month and is self modifying his activities. He states that he is using Norco and Neurontin without complications. An elbow heal cushion pad was dispensed on this date. Work restrictions were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 cushion elbow guard: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007).

Decision rationale: The Physician Reviewer's decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 10, elbow padding in the form of the proposed cushion pad is recommended in the treatment of ulnar nerve entrapment/cubital tunnel syndrome, as is present here. The employee does have hypersensitivity to touch and pain at the elbows with radiating pain at the digits. The employee does carry a diagnosis of ulnar entrapment for which elbow padding in the form of the proposed cushion guard is indicated. The request for a cushion guard is medically necessary and appropriate.

1 prescription of Neurontin 600mg, quantity 60: 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 Gabapentin (Neurontin®) Page(s): 49.

Decision rationale: The Physician Reviewer's decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin or Neurontin, an anticonvulsant medication, is considered a first-line treatment for neuropathic pain. In this case, the employee does have neuropathic pain with paresthesia or numbness, associated with cubital tunnel syndrome and/or carpal tunnel syndrome. The employee has been using gabapentin and Neurontin for some time and has responded favorably to the same. The employee has returned to part time modified work and is deriving appropriate analgesia through ongoing Neurontin usage. The request for 1 prescription of Neurontin 600mg, quantity 60 is medically necessary and appropriate.