

Case Number:	CM13-0020221		
Date Assigned:	10/11/2013	Date of Injury:	12/28/2005
Decision Date:	02/13/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/05/2013

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 Anesthesiology, subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 patient is a 49-year-old female who reported an injury on 12/28/2005. The latest Primary Treating Physician's Progress Report was submitted on 07/12/2012 by [REDACTED]. The patient was diagnosed with right shoulder internal derangement with capsulitis, status post right lateral epicondyle release, status post C5-6 fusion, left greater than right carpal tunnel syndrome, bilateral lumbar radiculitis, gastritis, history of major depressive disorder, sleep disorder, and right knee internal derangement. The physical examination revealed positive left wrist Tinel and Phalen testing, antalgic gait, and positive straight leg raising bilaterally. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 24, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to

be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia. It has also been considered as a first-line treatment for neuropathic pain. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient presents with persistent pain. Therefore, continuation cannot be determined as medically appropriate. As such, the request is non-certified.

Lunesta 3mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) regarding Pain (updated 06/07/13).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. As per the clinical notes submitted, there is no evidence of a failure to respond to non-pharmacologic treatment. There is no evidence of chronic insomnia. Based on the clinical information received, the request is non-certified.

Flector 1.3% patch of unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13, 24, 80-81.

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

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no evidence of a failure to respond to first-line treatment with oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the use of a topical analgesic. As such, the request is non-certified.