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| Case Number: | CM13-0021397 | | |
| Date Assigned: | 11/08/2013 | Date of Injury: | 01/02/2000 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/12/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 & 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:

A followup note from the patient's treating rheumatologist of 06/28/2013 notes that the patient presented with continued total body pain including chronic fatigue and difficulty sleeping. The patient reported discomfort in the bilateral wrists and hands somewhat improved with Enbrel and also complaints of pain in the knees and ankles. Laboratory studies indicated hemoglobin of 10.4 with normal liver function tests. The patient had rheumatoid arthritic deformities in the hands and clubbing in the fingers and no new joint swelling. The treating rheumatologist recommended continued treatment with Theraproxen, Azulfidine, Ativan, tramadol topically, and Sentra as well as gabapentine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentine (GABADONE & RANITIDINE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, Pain Chapter

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss this medication. The Official Disability Guidelines does discuss the contents of medical food, noting "the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements." The medical records provided for review do not document such distinctive nutritional requirements at this time. The request for Gabididine (GABAdone & Ranitidine) is not medically necessary and appropriate.

Theraproxen-90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine Drug Database, DailyMed.nlm.nih.gov.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss this medication. A search of the National Library of Medicine Drug Database on the website DailyMed does not contain FDA-approved label information with this medication. Rather, that source states, "This drug has not been found to be safe and effective, and this labeling has not been approved by FDA...Marketing status: Unapproved drug." The rationale for utilizing a non-approved or off-label pharmacological treatment is not apparent in the medical records provided for review. Consequently, the request for Theraproxen-90 is not medically necessary and appropriate.