

Case Number:	CM13-0033261		
Date Assigned:	12/06/2013	Date of Injury:	07/23/2003
Decision Date:	10/31/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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 expert 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 53 year old female who was injured on 07/23/2003 while she was transferring a patient. Prior treatment history has included the patient's medications to be Soma, Dendracin, Gabapentin and Norco. Diagnostic studies reviewed include, per the orthopedic notes dated 02/11/2013, state the patient underwent an electrodiagnostic study of the upper extremity on 08/09/2012 and it revealed normal findings. Orthopedic request authorization from [REDACTED] dated 08/27/2013 documented the patient with complaints of left elbow pain rated as 8/10, right elbow pain 8/10 and right hand pain rated 10/10. The pain was associated with numbness and tingling sensation in bilateral forearms and bilateral hands. Objective findings reveal the range of motion of the left wrist was satisfactory. The range of motion of bilateral elbows was limited to 170 degrees for extension and 160 degrees for flexion. Diagnosis: 1) Chronic elbow and forearm pain on right and left, status post medial and lateral epicondylar releases bilaterally. 2) Carpal tunnel syndrome on the right status post decompression. 3) Stenosing tenosynovitis of the AOM pulley on the right status post release of the thumb. 4) Stenosing tenosynovitis along the AOM pulley of the long fingers, treated with observation. 5) The patient has a weight gain of 30 pounds. Treatment Plan: The patient is to undergo EMG/NCV studies to evaluate radiculopathy. The patient is to undergo blood work and urinalysis. The patient is prescribed the following medications: Norco, Soma, Neurontin and Dendracin lotion. Utilization report dated 09/23/2013 a request was submitted for Soma and Neurontin. The request for Soma was denied because the guidelines support the use of muscle relaxants as a second line option for the short term of acute exacerbation of low back pain. The guidelines do not support the use of muscle relaxants for the treatment of elbow, wrist and hand pain. The request for Neurontin was denied because the patient was taking Gabapentin without

significant documented pain relief and was allowed a prescription for weaning in the past and it was not reasonable or necessary to proceed with a prescription for Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO (2) PRESCRIPTIONS OF SOMA 350MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding Soma (carisoprodol),.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <Muscle relaxants(Carisoprodol)>, Page(s): < 63-65>. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)<Pain)>, <Muscle relaxants(Carisoprodol)> American College of Occupational and Environmental Medicine (ACOEM), current online edition as of 7/2014

Decision rationale: The above ODG and ACOEM guidelines do not mention the use of muscle relaxants for elbow or hand disorders. The above Chronic Pain Medical Treatment Guidelines state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP... However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is no mention, again, of muscle relaxants for elbow or hand disorders which is the diagnoses that the patient holds in this case, and there is no mention of acute exacerbation of chronic LBP. Carisoprodol is "classified as a schedule IV drug." Based on the above guidelines and criteria as well as the clinical documentation stated above, the request not medically necessary.

TWO (2) PRESCRIPTIONS OF NEURONTIN 600MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (gabapentin). Decision based on Non-MTUS Citation MTUS: California Chronic Pain Medical Treatment Guidelines (May 2009),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines <Specific antiepilepsy-drugs>, Page(s): < 18-19>. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anti-epilepsy drugs(Gabapectin)

Decision rationale: The above MTUS guidelines state that for anti-epilepsy drugs "A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, Serotonin-Norepinephrine Reuptake Inhibitors (SNRI), or Anti-Epilepsy Drugs (AEDs) are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) After initiation of treatment there should be documentation of pain relief and improvement in

function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Specifically, the guidelines state that gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain... One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. (TCA, SNRI or AED)." In this case, the patient has been taking Gabapentin for over the eight week recommended trial without documented history of adequate pain control due to use. The guidelines also state that "Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week." Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.