

<b>Case Number:</b>	CM13-0048554		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 & 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 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 48-year-old male who reported an injury on 04/24/2006 due to repetitive motion. The patient's medication history included gabapentin and amitriptyline as of 2012. The patient underwent a left carpal tunnel surgery on 10/10/2006 and a revision on 01/07/2010 and underwent a right carpal tunnel release with an unstated date of service and a repeat right carpal tunnel release on 10/15/2009. The documentation of 10/04/2013 revealed that the patient had chronic pain which prevented him from doing certain exercises. The patient's pain level was an average of 10/10 on the VAS. The patient indicated that medications helped to reduce the patient's pain and to allow for greater function, but the patient continued to have constant pain and asked for Ambien instead of Elavil as a sleep aid. The physical examination of the bilateral wrists showed decreased range of motion. The diagnosis was carpal tunnel syndrome, and the formal request was for 12 sessions of hand therapy at 2 times a week for 6 weeks as well as the medications gabapentin, pantoprazole, amitriptyline and naproxen sodium. It was indicated that the physician opined that the patient would benefit from a functional restoration program; however, the patient did not wish to attend the program. As such, it was requested that the patient have 12 visits of hand therapy and cognitive behavioral therapy. The patient indicated regarding the gabapentin that he was taking 1.5 tablets at night and tolerating them generally well, but he was not sure if it was helpful for his pain. As such, the physician increased the medication to 1.5 tablets in the morning and 1.5 tablets at night. It was indicated that the Elavil would be prescribed as a sleep aid medication. Subsequent documentation that was submitted in appeal revealed that the patient had ongoing chronic pain and paresthesias in both hands that was constant, and the patient reported weakness in both hands and difficulties with repetitive gripping and grasping as well as repetitive keyboarding and heavy lifting. Additionally, the patient was taking gabapentin for nerve pain symptoms and was tolerating the medication well. It was

indicated regarding the medication Protonix that the patient had acid reflux and was being given Protonix 20 mg for the acid reflux symptoms. Regarding the amitriptyline, the patient was utilizing 2 tablets of 25 mg at night for sleep and depression. The patient was diagnosed with depression and had undergone psychological testing, where he was diagnosed with a major depressive disorder, NOS, and anxiety disorder, NOS. The physician opined that the amitriptyline was helping with the patient's sleep and depression.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **HAND PHYSICAL THERAPY QUANTITY TWELVE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines recommend physical medicine for myalgia and myositis of 9 to 10 visits and for neuralgia, neuritis and radiculitis at 8 to 10 visits. The clinical documentation submitted for review indicated that the patient had prior therapy. There was a lack of documentation of the objective functional benefit received from the prior therapy and objective documentation of remaining functional deficits. Additionally, the request for 12 sessions of hand therapy exceeds the guideline recommendations. Given the above, the request for hand physical therapy (Quantity: 12.00) is not medically necessary.

#### **GABAPENTIN 600MG QUANTITY 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend antiepileptic medications as a first-line medication for the treatment of neuropathic pain. There should be documentatino of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review indicated that the patient had been taking the medication since 2012. The patient had neuropathic pain. However, there was a lack of documentation indicating an objective decrease in pain and objective functional improvement from the medication. Given the above, the request for gabapentin 600 mg Quantity: 60.00 is not medically necessary.

#### **PANTOPROZOLE (PROTONIX) 20MG QUANTITY 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review in appeal indicated that the patient had reflux. It was indicated that the medication request was for a refill. There was a lack of documentation indicating the duration of use for the requested medication. Additionally, there was a lack of documentation of the efficacy of the requested medication. Given the above, the request for pantoprazole (Protonix) 20 mg (Quantity: 60.00) is not medically necessary.

**AMITRIPTYLINE HCL (ELAVIL) 25MG QUANTITY 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain, and they are recommended especially if the pain is accompanied by insomnia, anxiety or depression. There should be documentation of objective functional improvement to support the ongoing usage. The clinical documentation submitted for review indicated that the patient had been on the medication since 2012. It was indicated that the patient was taking the medication for sleep, and there was a lack of documentation indicating the efficacy of the requested medication. Given the above, the request for amitriptyline HCl (Elavil) 25 mg (Quantity: 60.00) is not medically necessary.