

Case Number:	CM13-0050062		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2013
Decision Date:	03/06/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Oklahoma and Texas. 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 47-year-old female who reported an injury on 3/2/13. The patient is diagnosed with tenosynovitis of the hand/wrist, and derangement of the anterior medial meniscus. The patient was recently seen by [REDACTED] on 11/7/13. The patient reported 5/10 pain. Physical examination was not provided. Treatment recommendations included continuation of current medication, including capsaicin cream, Gabapentin, Relafen, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state that NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. As per the documentation submitted, the patient has continuously utilized this medication. Despite

ongoing use, the patient continues to report persistent pain in bilateral upper and lower extremities. Physical examination on the requesting date of 11/7/13 was not provided. Furthermore, California MTUS Guidelines state there is no evidence of long-term effectiveness for pain or function. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Protonix: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events in this patient. Therefore, the patient does not meet criteria for the requested medication. As such, the request is non-certified.

Capsaicin: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is indicated for osteoarthritis, fibromyalgia, and chronic nonspecific back pain. As per the documentation submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Additionally, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no documentation of a satisfactory response to treatment. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Gabapentin: Upheld

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

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

Decision rationale: The California MTUS Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. 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. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain with burning sensation and tingling in the right lower extremity. Satisfactory response to treatment has not been indicated. Therefore, continuation of this medication cannot be determined as medically appropriate. As such, the request is non-certified.