

Case Number:	CM13-0057961		
Date Assigned:	12/30/2013	Date of Injury:	05/07/2011
Decision Date:	03/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 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:

The patient is a 51-year old injured worker with a date of injury of 5/07/11. None of the submitted medical records discuss the mechanism of injury, however, treatment has focused on diagnoses of right DeQuervain's tenosynovitis, trapeziometacarpal arthralgia, right upper extremity sprain/strain and congenital upper extremity loss of range of motion. It is noted that a panel QME did think that the patient had clinical carpal tunnel syndrome, but electro diagnostics were negative for CTS, radiculopathy, ulnar neuropathy, peripheral neuropathy or cervical radiculopathy. Though medical reports from the PTP note pain symptoms at the upper extremity, there are no symptoms in recent reports suggestive of neuropathic pain. This case was submitted to Utilization Review on 11/18/13. Neurontin was not recommended for certification due to a lack of any neuropathic pain issues clearly documented in the medical record. Senna was not recommended, as the UR physician stated that it was a "medical food".

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs)..

Decision rationale: Antiepileptic drugs (AEDs), such as Neurontin, are guideline supported as first-line treatment for neuropathic pain. This patient has upper extremity musculoskeletal injury, but none of the recent reports document any clear clinical signs/symptoms that are suggestive of neuropathic pain. Prior electrodiagnostic studies were negative for peripheral neuropathy, entrapment neuropathy, and cervical radiculopathy. Without neuropathic symptoms, there is no medical necessity for Neurontin. The request for Neurontin 600mg # is not medically necessary and appropriate

Senna 1-2 BID: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: Senna is a laxative. This patient was using chronic opioids, and has a history of constipation from use. At this time, records do indicate that the opioids are being weaned off, but in the meantime, while the issue of constipation persists, Senna is an appropriate treatment and is guideline supported for this condition. The request for Senna 1-2 BID is medically necessary and appropriate.