

Case Number:	CM14-0005986		
Date Assigned:	03/03/2014	Date of Injury:	04/20/2009
Decision Date:	07/17/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/15/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

This is a 60-year-old female with a 4/20/2009 date of injury. The patient sustained injury to her right wrist from continued gripping of pliers. 12/2/13 Progress report indicates persistent right wrist pain. The patient states, that cold weather is increasing the right wrist pain and that the symptoms are getting worse. Physical examination demonstrated positive Tinel and Finkelstein's signs on the right wrist. There is a weakness of gripping and grasping on the right hand. Treatment to date included physical therapy, surgery, occupational therapy, acupuncture and a right wrist brace. The treating provider has requested Gabapentin 200mg bid #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 200MG ONE PO BID, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: Records indicate that the patient has a 2009 date of injury, with resulting tendinitis, and neuropathic pain. There is numbness, tingling, and neuritic type pain in the forearm and hand. There is also evidence of grip weakness. CA MTUS Chronic Pain Medical

Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The submission of medical records established, that the patient's pain is neuropathic. Medical necessity for the requested item has been established. The requested item is medically necessary.

DENDRACIN TOPICAL LOTION, 120MG FOR LOCAL APPLICATION- (TWO MONTH SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 111-113.

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

Decision rationale: Dendracin includes topical salicylate, benzocaine, and capsaicin. It contains a capsaicin formulation in a 0.0375% formulation. The MTUS guidelines indicate that there have been no studies on this formulation of capsaicin and no current indication that this increase over a 0.025% formulation provides any further efficacy. In addition, anesthetics in creams, lotions, or gels, are not recommended for topical applications. It has not been established that there is a need of this largely experimental topical as opposed to oral anti-inflammatories or more conventional medications. Medical necessity for the requested item has not been established. The requested item is not medically necessary.