

Case Number:	CM14-0105909		
Date Assigned:	07/30/2014	Date of Injury:	04/25/2011
Decision Date:	09/22/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 38-year-old male who reported a penetrating injury on 04/25/2011. The current diagnoses include penetrating grinder bleed injury in 2011, cutaneous neuroma at the site of the penetrating trauma, and probably transection of the left ulnar collateral ligament. The injured worker was evaluated on 07/18/2014 with complaints of 8/10 pain in the left upper extremity with associated numbness, tingling, weakness, and swelling. Previous conservative treatment is noted to include physical therapy and medication management. It is noted that the injured worker has been recommended to undergo surgical correction. The physical examination on that date revealed no acute distress, limited range of motion of the left upper extremity, and severe pain with pronation and supination of the forearm. Treatment recommendations at that time included authorization for surgery and continuation of the current medication regimen of Tramadol, Gabapentin, and Neurontin. There was no Request for Authorization Form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: The California MTUS Guidelines state Gabapentin is recommended for neuropathic pain. However, the injured worker had continuously utilized this medication since 03/2014. There is no documentation of objective functional improvement. The injured worker continues to report 8/10 pain. As such, the request is not medically necessary and appropriate.

Tramadol 50mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 03/2014 without any evidence of objective functional improvement. The injured worker continues to present with 8/10 pain. There is also no frequency listed in the request. As such, the request is not medically necessary and appropriate.