

Case Number:	CM14-0012571		
Date Assigned:	02/21/2014	Date of Injury:	05/07/2010
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/31/2014

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 & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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 42 year old female with an injury reported on 05/07/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 09/26/2013, reported that the injured worker complained of right elbow pain and right forearm, wrist and hand pain. The physical examination findings reported range of motion of the right elbow demonstrated flexion to 140 degrees, extension to 0 degrees, pronation to 80 degrees, supination to 80 degrees. The injured worker's prescribed medication regimen was not provided within a recent clinical note. The injured worker's diagnoses included status-post right ulnar nerve transposition on 10/10/2012; right wrist tendinitis, flexor and extensor. The request for authorization for neurontin 600mg twic a day and sonata 10mg at bedtime was submitted on 01/31/2014. The provider's rationale for the request was not provided. The injured worker's prior treatments included an EMG/NCV of the right upper extremity, and a diagnostic ultrasound sudty of the right elbow and right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

NEURONTIN 600MG #60, ONE PO BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Antiepilepsy drugs (AEDs Page(s): 16-18.

Decision rationale: The request for neurontin 600mg #60, one twice daily by mouth is not medically necessary. The injured worker complained of right elbow pain and right forearm, wrist and hand pain. The injured worker's prescribed medication regimen was not provided within a recent clinical note. The CA MTUS guidelines recognize neurontin 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. There is a lack of clinical information provided indicating the efficacy of neurontin. There is a lack of clinical information provided indicating the requesting physicians rationale for the request for neurontin. Therefore, the request is not medically necessary.

SONATA 10MG #30, ONE PO QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for sonata 10mg #30, one by mouth , once nightly is not medically necessary. The injured worker complained of right elbow pain and right forearm, wrist and hand pain. The injured worker's prescribed medication regimen was not provided within a recent clinical note. The Official Disability Guidelines recognizes sonata as a non-benzodiazepine sedative-hypnotic which is listed as a first-line medications for insomnia. This class of medications includes zolpidem, zaleplon (Sonata), and eszopicolone (Lunesta). There is a lack of clinical information provided indicating the efficacy of sonata. It was noted the injured worker indicated no difficulties with sleep. There is a lack of clinical information provided indicating the requesting physicians rationale for the request for sonata. Therefore, the request is not medically necessary.