

Case Number:	CM14-0012748		
Date Assigned:	02/21/2014	Date of Injury:	10/27/2008
Decision Date:	07/30/2014	UR Denial Date:	01/15/2014
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 Occupational 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:

The patient is a 35-year-old male who has submitted a claim for left hand pain and chronic pain syndrome due to trauma associated with an industrial injury date of 10/27/2008. Medical records from 07/30/2013 to 02/01/2014 were reviewed and showed that patient complained of left hand pain graded 5/10 with increase in intensity upon pressing of hand against object. Physical examination of the left hand and wrist revealed tenderness over the palmar and proximal ulnar aspect of the left hand. Wrist ROM was normal. Tinel's and Phalen's tests on the left wrist were negative. There was decreased grip strength noted. Treatment to date has included 12 visits of acupuncture, left wrist brace, physical therapy, home exercise program, Ibuprofen, Methoderm gel, and Gabapentin. Utilization review dated 01/14/2014 modified the request for 8 acupuncture sessions to 4 acupuncture sessions because 8 previous sessions of acupuncture indicated functional improvement. 4 sessions of acupuncture would be reasonable to see if the patient continues to show functional improvement. Utilization review dated 01/14/2014 modified the request for prescription of gabapentin 60mg to 1 prescription of Gabapentin 60 mg #30 because a trial of 30 days would be indicated at this time based on the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) ACUPUNCTURE SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines referenced by CA MTUS, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, the patient has already completed 12 visits of acupuncture. However, there was no documentation of functional improvement with recent acupuncture therapy (last acupuncture notes dated 06/08/2013). In addition, there has been no recent documentation of active patient participation in HEP to hasten functional recovery. Therefore, the request for Eight (8) Acupuncture sessions is not medically necessary.

GABAPENTIN 600MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs, (Aeds).

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

Decision rationale: According to pages 16-19 of CA MTUS Chronic Pain Treatment Guidelines, Gabapentin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, the patient was prescribed Gabapentin 600mg since 12/19/2013. There has been no documentation of pain reduction magnitude with Gabapentin treatment based on the medical records. The quantity of Gabapentin requested was likewise not specified. Therefore, the request for Gabapentin 600mg is not medically necessary.