

Case Number:	CM14-0110410		
Date Assigned:	08/01/2014	Date of Injury:	04/24/2013
Decision Date:	09/12/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 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 27-year-old male who has submitted a claim for hand joint pain, occipital headache, paresthesia, deep 3rd degree burn and necrosis, electrocution and non-fatal effects of electric current, Exposure to other specified electric current, and unspecified neuralgia and neuritis; associated with an industrial injury date of 04/24/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of sharp pain in the head, chest wall, left hand, and left knee, graded 6-9/10 and 8-10/10 with and without medications, respectively. Pain is made worse by sitting, bending, physical activity, standing, and walking; and made better by medication. The patient can go out without assistance, and does not use assistive devices. Physical examination showed that the patient was able to sit in a chair throughout the exam, with normal pain behaviors, and no evidence of overmedication, sedation, or withdrawal symptoms. Tenderness was noted where the bilateral greater occipital nerve blocks were performed. No deformity or scoliosis noted in the thoracic or lumbar spine. Treatment to date has included medications and greater occipital nerve block injections. Utilization review, dated 06/16/2014, denied the request for Ibuprofen because the CA MTUS does not support the use of Ibuprofen for musculoskeletal pain, because the utility of the 600 mg dose was not clear, and follow up records record that daily use of analgesics stated to be complicating his headaches; and denied the request for Gabapentin and Topamax because there were no subjective or objective findings supporting a diagnosis of nerve damage, for which use of AED medications are recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Ibuprofen 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non Steroidal Anti Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 46, 72.

Decision rationale: As stated on pages 22, 46, and 72 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. Ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, medical records submitted show that the patient has been prescribed Ibuprofen since at least December 2013. However, medical records submitted for review failed to show objective evidence of functional improvement derived from its use. Also, long-term NSAID use is not recommended. Furthermore, guidelines do not support the use of doses greater than 400 mg. Therefore, the request for 90 tablets of Ibuprofen 600mg is not medically necessary.

180 tablets of 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 Anti-Epilepsy 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. In this case, the patient has been prescribed Gabapentin since at least December 2013. As stated on a progress report dated 06/10/2014, there was no change in pain control since the last visit. However, there was no noted functional improvement or progress in her activities of daily living. Moreover, the medical records submitted for review failed to show evidence of neuropathic pain for which Gabapentin is indicated. Therefore, the request for prescription of 180 tablets of Gabapentin 600mg is not medically necessary.

90 tablets of Topamax 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-22.

Decision rationale: As stated on pages 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "Central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. Outcomes with at least 50% reduction of pain are considered good responses. In this case, the patient has been prescribed Topamax since at least January 2014. Medical records show that intake of medications reduced pain from 8-10/10 to 6-9/10. However, the medical records submitted for review do not show objective evidence of significant pain relief from intake of Topiramate. Specific reduction in pain using a pain scale is significant in order to document a good response from Topamax, per the guidelines noted above. Therefore, the request for 90 tablets of Topamax 50mg is not medically necessary.