

Case Number:	CM14-0130092		
Date Assigned:	08/20/2014	Date of Injury:	05/04/2011
Decision Date:	09/23/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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, has a subspecialty in Pain Medicine 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 33-year-old female who reported an injury on 05/04/2011. The mechanism of injury was not provided. On 02/08/2014, the injured worker presented with pain in the bilateral shoulders and arms associated with tingling and numbness in the bilateral hands. Medications include gabapentin, amitriptyline, Robaxin, Cymbalta, naproxen, Tylenol, and Advil. The physical examination was within normal limits. The diagnoses were carpal tunnel syndrome. The provider recommended gabapentin, Cymbalta, and Voltaren gel. The provider's rationale was not provided. The Request for Authorization form was dated 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation SECOND EDITION OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, REED GROUP/ THE MEDICAL DISABILITY ADVISOR OFFICIAL DISABILITY GUIDELINES/ INTEGRATED TREATMENT GUIDELINES (OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKERS' COMP 2ND EDITION)- DISABILITY DURATION GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The request for gabapentin is not medically necessary. The California MTUS Guidelines note that relief of pain with the use of this medication is generally temporary, and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvement in function and increased activity. The Guidelines note gabapentin has been shown to be effective for diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is no mention of muscle weakness or numbness, which would indicate neuropathy. Additionally, there was a lack of objective deficits upon physical examination. It did not appear that the injured worker had a diagnosis congruent with the Guideline recommendations. As such, the request is not medically necessary.

Cymbalta: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation SECOND EDITION OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, REED GROUP/ THE MEDICAL DISABILITY ADVISOR OFFICIAL DISABILITY GUIDELINES/ INTEGRATED TREATMENT GUIDELINES(OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKERS' COMP 2ND EDITION)- DISABILITY DURATION GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The request for Cymbalta is not medically necessary. The California MTUS recommend Cymbalta as an option in first line treatment of neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes but also evaluation of function, changes in other analgesic medications, sleep quality and duration, and psychological assessment. There is a lack of evidence of an objective assessment of the injured worker's pain level. Furthermore, there is a lack of documentation of efficacy of the prior use of the medication. There is a lack of objective functional deficits noted in the physical examination. Additionally, the frequency, dose, and quantity were not submitted in the request as submitted. As such, the request is not medically necessary.

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation SECOND EDITION OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, REED GROUP/ THE MEDICAL DISABILITY ADVISOR OFFICIAL DISABILITY GUIDELINES/ INTEGRATED TREATMENT GUIDELINES(OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKERS' COMP 2ND EDITION)- DISABILITY DURATION GUIDELINES.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The Guidelines note that topical NSAIDs are recommended for osteoarthritis and tendinitis particularly that of the knee or any joints amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The injured worker's diagnosis is not congruent with the Guideline recommendation for topical NSAIDs. Additionally, there is a lack of documentation that the injured worker failed a trial of an antidepressant or anticonvulsant. The efficacy of the prior use of the medication was not provided. Additionally, the provider's request does not indicate the dose, frequency, quantity, or the site that the gel is indicated for in the request as submitted. As such, medical necessity has not been established.