

Case Number:	CM14-0131194		
Date Assigned:	09/26/2014	Date of Injury:	01/10/2010
Decision Date:	11/05/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/12/2014

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 Internal 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 injured worker is a 57 year old female who reported an injury on 01/10/2020 due to an unknown mechanism. Diagnoses were right upper extremity RSI, cervical myofascial pain with trigger points, cervical facet syndrome with cervicogenic headaches and migraines, right cubital tunnel syndrome with medial epicondylitis, bilateral carpal tunnel syndrome by EMG, C5-6 disc bulge with moderate central stenosis and severe bilateral neural foraminal narrowing and right upper extremity radicular pain, low thyroid, and right shoulder impingement. Physical examination on 09/24/2014 revealed that the injured worker had 80% relief following recent right subacromial trigger point injections. The pain was rated a 2/10. It was also reported the injured worker was not using her TENS unit. The injured worker had complaint of right elbow pain. She had a right medial epicondyle injection in December 2013. The injured worker had 100% pain relief for 9 months. Pain was reported to have returned and was affecting her ability to use her right arm. Examination revealed full strength in upper extremities, increased right medial elbow pain with resisted right wrist flexion. The injured worker complained of exquisite tenderness to palpation over right medial epicondyle. There was full range of motion of the right shoulder. Medications were Effexor XR 75 mg (1 every day), Ambien CR 12.5 mg (1 at bedtime as needed), gabapentin, and pantoprazole. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 75mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain, and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The request does not indicate a frequency for the medication. Although the injured worker had reported improvement from taking this medication, the provider did not indicate a frequency for the medication. Therefore, this request of Venlafaxine ER 75mg #60 with 2 refills is not medically necessary and appropriate.

Pantoprazole 20mg #120 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Nonselective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A nonselective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mcg 4 times daily) or (2) a Cox-2 selective agent. Long term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. It was not reported if the injured worker was taking this medication for GERD or medication induced GI upset. The request does not indicate a frequency for the medication. The efficacy of this medication was not reported. Therefore, this request of Pantoprazole 20mg #120 with 2 refills is not medically necessary and appropriate.

Gabapentin 600mg #120 with 2 refills: 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
Gabapentin Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin 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. The request does not indicate a frequency for the medication. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, this request Gabapentin 600mg #120 with 2 refills is not medically necessary and appropriate.