

Case Number:	CM14-0132421		
Date Assigned:	08/22/2014	Date of Injury:	11/24/2010
Decision Date:	09/26/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/19/2014

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 Geriatrics and is licensed to practice in New York. 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 53-year-old woman with a date of injury of 11/24/10. She was seen by her primary treating physician on 8/8/14 with complaints of continued neck pain and bilateral wrist pain, with pain, swelling and tingling in her fingers. Her medications were said to help the pain about 30-40% and improve her activities of daily living (ADLs). She stated that Gabapentin was 'mildly helpful' and the Lidoderm patch was 'very helpful'. She had no side effects from medications. Her physical exam showed tenderness to palpation at the bilateral trapezii and the cervical and lumbar paraspinal muscles, as well as decreased range of motion of the cervical and lumbar spine. Her gait was antalgic. Her diagnoses included carpal tunnel syndrome, cervicalgia/neck pain, poor coping, and sleep issue. At issue in this review are the medications Diclofenac, Tramadol, Mentoderm and Gabapentin. Also at issue is the continuation of the use of an H-wave device and a cervical MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #30 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

Decision rationale: Tramadol is a centrally-acting analgesic reported to be effective in managing neuropathic pain. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief, and improved function for a time period of up to three months; but the benefits were small. There are no long-term studies to allow for recommendations for longer than three months. The MD visit note fails to document any improvement in pain, functional status or side effects specifically related to Tramadol to justify long-term use. Therefore Tramadol is deemed not medically necessary.

Gabapentin 300mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

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

Decision rationale: This worker has chronic wrist and neck pain with limitations in range of motion and tenderness to palpation noted on physical examination. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first-line treatment for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any significant improvement in pain, functional status or side effects to justify long-term use, and she does not have a diagnosis of diabetic neuropathy or postherpetic neuralgia. The records do not substantiate the medical necessity of continuing use of Gabapentin.

Diclofenac ER 100 mg #60: 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 Page(s): 66-73.

Decision rationale: This worker has chronic wrist and neck pain with limitations in range of motion and tenderness to palpation noted on physical examination. For the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status specifically related to Diclofenac to justify long-term use. The medical necessity of Diclofenac is not substantiated in the medical records.

Menthoderm 120gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Mentherm is a topical analgesic consisting of Methyl salicylate and menthol. This product is used in the temporary relief of the minor aches and pains of muscles and joints associated with arthritis, bruises, simple backache, sprains, and strains. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Given the lack of medical evidence and no clear documentation of its efficacy in this worker, the records do not substantiate medical necessity for Mentherm.

TENS Patch x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: A TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. In this injured worker, other treatment modalities are not documented to have been tried unsuccessfully. Additionally, the request is for longer than the one month trial, and it is not being used as an adjunct to a program of evidence-based functional restoration. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia, or multiple sclerosis, which the TENS unit may be appropriate for. The medical necessity for TENS patch x 2 is not substantiated in the records.

MRI of the Cervical Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

Decision rationale: The request in this injured worker with chronic neck pain is for a MRI of the cervical spine. The records document a physical exam with pain with palpation and limitations to range of motion no red flags or indications for immediate referral or imaging. A MRI can help to identify anatomic defects and neck pathology and may be utilized in preparation for an invasive procedure. In the absence of physical exam evidence of red flags, a MRI of the cervical spine is not medically indicated.