

Case Number:	CM14-0162766		
Date Assigned:	10/07/2014	Date of Injury:	07/19/2013
Decision Date:	11/26/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/03/2014

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 41-year-old male who reported an injury on 07/19/2013, due to unspecified cause of injury. The injured worker complained of left wrist and left elbow pain. The diagnosis included ulnar impaction syndrome to the left extremity, medial epicondylitis on the left, and enlargement of the liver. The diagnostic studies included an MRI that revealed partial TFCC tear and fluid along the radial ulnar joint of an unknown date. The prior treatment included 12 visits of physical therapy, ice, TENS unit, and medication. Medications included Flexeril 7.5 mg, oxycodone 10 mg, and Nalfon 400 mg. The objective findings dated 10/07/2010 revealed tenderness along the lunar cone of the wrist that was decreased, no subluxation of the extensor carpi ulnaris was noted. The treatment plan included Naproxen and Gabapentin. The Request for Authorization dated 10/07/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 (date of service: 08/07/14): 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): 69.

Decision rationale: The request for Naproxen 550mg #60 (date of service: 08/07/14 is not medically necessary. The California MTUS indicates that naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the clinical notes, the injured worker did not have a diagnosis of osteoarthritis. The documentation also indicated that the injured worker has a diagnosis of a fatty liver that may contraindicate the use of non-steroidal ant inflammatory medications. The request did not address the frequency. As such, the request is not medically necessary.

Gabapentin 600mg #90: 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 request for Gabapentin 600mg #90 is not medically necessary. The California MTUS guidelines indicate that Gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical notes did not indicate that the injured worker had diagnosis or history of diabetic neuropathy or postherpetic neuralgia. The request did not address the frequency. As such, the request is not medically necessary.