MAXIMUS Federal Services

Case Number:	CM14-0174061		
Date Assigned:	10/27/2014	Date of Injury:	04/01/2014
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/22/2014

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 and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 35 year old male who sustained a work injury on 4-1-14.Office visit on 8-8-14 notes the claimant present with carpal tunnel syndrome. This occurs in both wrists. The claimant reports hand tingling and numbness. On exam, the claimant has positive Phalen's and Tinel's. The claimant has normal range of motion, no crepitus.Office visit on 8-25-14 notes hand written notes. The claimant has bilateral wrist pain, numbness and tingling, as well as weakness that wakes him up at night. Recommendations made for EMG/NCS, Pilo splint and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Gabapentin (dispensed 8-25-2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding: Anti-epilepsy drugs (AEDs): Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines anti epileptics Page(s): 16-22. Decision based on Non-MTUS Citation (ODG) pain chapter - anti epileptic

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that anti-epileptics are recommended for neuropathic pain. There is an absence in documentation

noting that this claimant has objective findings of neuropathy. Additionally, unknown dose and quantity is not supported. Therefore, the medical necessity of this request is not established.

RETRO: Voltaren (dispensed 8-25-2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium (voltaren, Voltaren-XR). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter; Diclofenac

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: Chronic Pain Medical Treatment Guidelines regarding topical NSAIDS, the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is an absence in documentation noting that this claimant has failed first line of treatment or that he has GI effects that he cannot tolerate oral medications. Therefore, the medical necessity of this request is not established.

RETRO:Prilosec (dispensed 8-25-2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI secondary effects Page(s): 68.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that he is at an intermediate or high risk for GI events. Therefore, the medical necessity of this request is not established.