

Case Number:	CM14-0179085		
Date Assigned:	11/03/2014	Date of Injury:	06/28/2013
Decision Date:	12/10/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 Family 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:

This is a 56-year-old female patient who reported an industrial injury on 2/4/2014, 10 months ago, attributed to the performance of her usual and customary job tasks. The patient is being treated for the diagnosis of fracture of distal radius and ulna. The patient complains of persistent left wrist pain radiating to the left upper extremity. The patient complains of joint stiffness of the left wrist and tenderness with impairment to performing ADLs. The objective findings on examination included diminished light touch to the left C8 dermatome; range of motion left wrist is within normal limits except for flexion which is limited to 10 an extension, which is limited to 10; joint tenderness with palpation; grip strength is documented as 3/5; muscle atrophy noted. The diagnoses included PTSD, chronic pain, and fracture of distal end of radius and ulna with persistent pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain chapter 8/8/2008 ;Guidelines anti-epilepsy drugs; specific anti-epilepsy drugs gaba.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain

Decision rationale: The treating physician has prescribed Gabapentin 100 mg #60 with refill x 5 to the patient for the treatment of pain over a prolonged period of time without the documentation of efficacy noted in the ongoing clinical record. There is no documentation of functional improvement with the prescription of the Gabapentin 100 mg bid. There is documented objective evidence of neuropathic pain with the diagnosis of distal left ulna and radius fractures. The patient is not noted to have evidence of neuropathic pain. The patient is not demonstrated to have neuropathic pain for which Gabapentin has provided functional improvement. The patient is not documented on examination to have neuropathic pain. The treating physician has provided this medication for the daily management of this patient's chronic pain. The prescription of Gabapentin (Neurontin) is recommended for neuropathic pain; however, the ACOEM Guidelines. Gabapentin or pregabalin is not recommended for treatment of chronic, non-neuropathic pain by the ACOEM Guidelines. The ACOEM Guidelines revised chronic pain chapter states that there is insufficient evidence for the use of Gabapentin or Lyrica for the treatment of chronic pain due to bone fractures. The CA MTUS and the Official Disability Guidelines state that there is insufficient evidence to support the use of Gabapentin or Lyrica for the treatment of chronic pain due to radius and ulna fractures. The prescription of Gabapentin for neuropathic pain was not supported with objective findings on physical examination. The use of Gabapentin/Lyrica should be for neuropathic pain. Presently, there is no documented objective evidence of neuropathic pain for which the use of Gabapentin is recommended. The patient has not demonstrated neuropathic pain secondary to a nerve impingement neuropathy as neuropathic pain for which Gabapentin/Lyrica is recommended. The prescription of Gabapentin is recommended for neuropathic pain and is used to treat postherpetic neuralgia and painful polyneuropathy, such as, diabetic polyneuropathy. Anti-epilepsy drugs (AEDs) are recommended on a trial basis (Lyrica/Gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy, such as, diabetic polyneuropathy. The updated chapter of the ACOEM Guidelines does not recommend the use of Lyrica or Gabapentin (Neurontin) for the treatment of axial back pain or back pain without radiculopathy. The use of Gabapentin is for neuropathic pain; however, evidence-based guidelines do not recommend the prescription of Gabapentin for chronic lower back pain with a subjective or objective radiculopathy and favors alternative treatment. The request for Gabapentin 100 mg #60 x 5 refills is not demonstrated to be medically necessary. There was no rationale supported with objective evidence provided by the treating physician to support the medical necessity of Gabapentin 100 mg #60 with five (5) refills. Therefore the request is not medically necessary.

Naproxen 500mg #60 with five refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain and NSAIDS

Decision rationale: The use of Naproxen 500 mg #60 with refill x 5 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no rationale to support the medical necessity of #60 tabs with five (5) refills. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of pain and inflammation. The prescription for naproxen 500 mg #60 with refill x 5 is not medically necessary.