

Case Number:	CM14-0185052		
Date Assigned:	11/12/2014	Date of Injury:	06/10/2006
Decision Date:	12/30/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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 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 underlying date of injury in this case is 06/10/2006. The date of the utilization review under appeal is 10/06/2014. On 09/22/2014, a primary treating physician follow-up note reports diagnoses of right rotator cuff lesion and carpal tunnel syndrome. This form is handwritten and only partially legible. It appears to outline a request for continued treatment with Motrin and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen (Motrin Tablets) 800mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Anti-inflammatory medications Page(s): 68.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, state that anti-inflammatories are the traditional first line of treatment to reduce pain and improve function, but long-term use may not be warranted. The treating physician notes are not clearly legible and thus do not clearly meet this guideline. Therefore, at this time this request is not medically necessary.

Gabapentin 300mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines, Anti-epileptic Medication Page(s): 17.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-epileptic medication, state that after use the medical records should document efficacy and any side effects from this medication. The available medical records are limited and largely handwritten and illegible. It therefore is not possible to support that this guideline has been met. This request is not medically necessary.