

Case Number:	CM14-0020263		
Date Assigned:	04/25/2014	Date of Injury:	07/31/2008
Decision Date:	07/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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:

The injured worker is a 47 year-old female who is reported to have sustained work related injuries on 07/03/08. The mechanism of injury appears to be a trip and fall. The injured worker has complaints of chronic left elbow pain, left wrist and left thumb pain. The injured is status post left de Quervains release on 03/24/09 with revision on 06/04/12. She is also status post a left trigger thumb release performed on 10/10/12. Physical examination documents tenderness over radial aspect of the left wrist, pain in the left thumb, and numbness between the 2nd and 5th digits (fingers). A clinical note dated 11/04/13 indicates that the injured worker received only limited benefit from oral medications. A prior utilization review dated 02/12/14 non-certified requests for Gabapentin 300mg #90 and Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG #90: 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 Page(s): 16-22.

Decision rationale: The request for Gabapentin 300 mg #90 is not supported by the submitted clinical information. The records reflect that the injured worker sustained injuries to the left hand and wrist that required surgical intervention. The serial records do not document objective findings consistent with neural compromise that would clinically indicate the use of the oral medication Gabapentin. The records further note that the injured worker does not report benefit from her oral medications. As such, the medical necessity for continued use is not established.

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The request for Norco 10/325 mg # 90 is not supported as medically necessary. The submitted records indicate the injured worker has chronic complaints of left hand and wrist pain. She is status post a left de Quervains release on 03/24/09 with revision on 06/04/12. She is also status post a left trigger thumb release performed on 10/10/12. The records indicate that there were prior recommendations for weaning secondary to lack of documented benefit. The records fail to provide data indicating functional improvements. As such, the request does not meet California Medical Treatment Utilization Schedule treatment recommendations and medical necessity is not established.