

Case Number:	CM14-0029191		
Date Assigned:	06/20/2014	Date of Injury:	03/23/2011
Decision Date:	08/12/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/07/2014

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 injured worker is a 37-year-old female who reported an injury on 03/23/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 01/18/2014 indicated diagnoses of cervical disc herniation without myelopathy, right shoulder subacromial and subdeltoid bursitis, right shoulder adhesive capsulitis, right shoulder impingement syndrome, and partial tear of supraspinatus tendon. The injured worker reported pain to her right shoulder and neck on the right side. The injured worker reported she had been taking ibuprofen and gabapentin and it had helped better than the tramadol. On physical examination of the cervical spine, the paracervical trapezius and supraspinatus muscles were mildly tender on the right. Range of motion of the cervical spine revealed forward flexion of 70, extension of 70, right and left lateral rotation of 30, and right and left lateral bending of 30. The injured worker's cervical compression test was positive. The injured worker's shoulder examination revealed tenderness to palpation over the right shoulder. The SC and AC joints, supraspinatus, infraspinatus, and greater tuberosity were also tender. The range of motion of the shoulder joints revealed shoulder abduction of 140 degrees on the right, forward flexion of 120 degrees on the right, internal rotation of 30 degrees on the right, external rotation of 40 degrees on the right, and adduction of 30 degrees on the right. Codman's test was positive and shoulder abduction sign was positive. The injured worker's Neer's and Hawkins tests were positive. The injured worker's prior treatments included diagnostic imaging, surgery, chiropractic therapy, physical therapy, and medication management. The provider submitted requests for gabapentin, ibuprofen, and topical compounds. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, SPECIFIC ANTI-EPILEPSY DRUGS, page 18. Page(s): 18.

Decision rationale: The request for gabapentin is not medically necessary. The California MTUS Guidelines recognize gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It was not indicated if the injured worker had previously used this medication or if this was a trial use. In addition, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency, dosage, or quantity for the medication. Therefore, the request is not medically necessary.

Ibuprofen: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for ibuprofen is not medically necessary. The California MTUS Guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It was not indicated how long the injured worker had utilized this medication or if this was for the first line treatment. In addition, the provider did not indicate a rationale for the request. Moreover, the request did not indicate a frequency, dosage, or quantity for the medication. Therefore, the request is not medically necessary.

Topical compounds: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics, Page(s): 111.

Decision rationale: The request for topical compounds is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely

experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also indicate any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, topical analgesics are experimental in use. Moreover, the request did not indicate a frequency, quantity, or dosage. Therefore, the request is not medically necessary.