

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0038182 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 05/03/2010 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 04/01/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 05/03/2010 due to performing duties of her job which included hand writing and typing of reports. The injured worker's diagnoses were carpal tunnel syndrome bilaterally, thumb CMC joint degenerative joint disease bilaterally, wrist tenosynovitis, intervertebral disc disorder, brachial neuritis or radiculitis, ulnar nerve lesion, arthritic changes of the hand/finger, and medial and lateral epicondylitis of the left elbow. There were no pertinent diagnostics submitted with documentation for review. The injured worker's surgical history includes carpal tunnel release procedure in 2011, elbow surgery in 2011, and Cubital tunnel release. Past treatment includes medications, brace and work restrictions. The injured worker complained of pain at the base of thumb bilaterally that was rated 7/10. Examination performed on 06/11/2014, the injured worker was noted to have decreased left hand grip at 3/5 and the left hand revealed decreased range of motion of the MCP joint. Arthritic changes were noted of the left thumb CMC joint along with apprehension and pain with passive range of motion. Right hand grip strength was 4/5 with arthritic changes present in the right hand with mild pain with passive range of motion. Medications included Ibuprofen 600 mg, Omeprazole 20 mg, Hydrocodone 5/300, and Neurontin 100 mg. The treatment plan was for the injured worker to continue with work modifications and wear the brace as desired. There was a change in the injured worker's Neurontin to one tablet at bedtime with 4 refills. The rationale for the request was not provided within submitted documentation. The request for authorization form dated 04/04/2014 was provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg QTY: 90 x 3 refills: 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 Gabapentin (Neurontin) Page(s): 49.

Decision rationale: According to the California MTUS Neurontin is an antiepileptic drug, also referred to as an anticonvulsant which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The injured worker complained of pain to her left and right hand pertaining to the thumb and rated pain at 7/10 but the documentation upon physical examination did not reveal the presence of neuropathic pain. In addition, there is lack of frequency notated on the request for the proposed medication. Efficacy of the medication was not provided to support continuation. As such, the request for Neurontin 100 mg quantity 90 times 3 refills is not medically necessary.

Ibuprofen 600mg QTY: 30 x 3 refills: 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 NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: According to the California MTUS non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest periods in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild or moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to Acetaminophen, particularly for patients to moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. The injured worker complained of pain to hands, particularly the thumbs and the injured worker rated the pain at 7/10. The efficacy of the medication is not supported as the injured worker continues to complain of 7/10 pain and there is a lack of information supporting functional improvement as a result of the requested medication. In addition, the request as submitted lacks the frequency for the proposed medication. As such, the request is not medically necessary.

Omeprazole 20mg QTY: 60 x 3 refills: 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 NSAIDs GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend that the clinician should weigh the indications for NSAIDs against both gastrointestinal and cardiovascular risk factors. Risk factors include age over 65 years of age, history of peptic ulcers, gastrointestinal bleeding or perforation, or concurrent use of aspirin. There was lack of documentation subjectively and objectively regarding any gastrointestinal symptoms or events or risk factors. In addition, the frequency of the medication was not provided in the request as submitted. As such, the request for Omeprazole 20 mg quantity 60 times 3 refills is not medically necessary.

Vicodin 5-300 QTY: 30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management of opioids Page(s): 78.

Decision rationale: According to the California MTUS Guidelines the ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relieved, functional status, and regards to activities of daily living. Appropriate medication use and aberrant drug taking behaviors after side effects. The pain assessment should include current pain, the least reported pain over a period since last assessment, average pain, intensity of pain after taking the opioids, how long it takes for pain relief and how long the pain relief lasts. The injured worker reported pain rating at 7/10 which there is no documentation of the 7/10 is before medication or after medication has been taken. There was no documentation of adverse side effects with the use of the opioid. There was also a lack of documentation as to the issue of aberrant drug taking behavior. As the 4 A's were not adequately addressed in the documentation submitted to support continuation of the medication, the request is not supported. In addition, the request as submitted did not include the frequency of the medication. Therefore, the request for Vicodin 5/300 quantity 30 times 3 refills is not medically necessary.