

Case Number:	CM14-0039794		
Date Assigned:	06/27/2014	Date of Injury:	04/14/2010
Decision Date:	08/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/04/2014

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 & Rehab and is licensed to practice in Nevada. 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 records presented for review indicate that this 37 year-old individual was reportedly injured on 4/14/2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/20/2014, indicates that there are ongoing complaints of right foot pain, left upper extremity pain and numbness/tingling. The physical examination demonstrated antalgic gait, upper extremity: positive tenderness over the right wrist, and right elbow at the ulnar nerve. Positive Tinnel's over the median/ulnar nerves on the right, decreased sensation in the long, ring, and small fingers of the left hand. Right ankle: positive tenderness over the navicular-cuneiform area. Diagnostic imaging studies include x-rays of the elbow which appear to be normal, left wrist which shows evidence of Kinnock's, but does not show up obviously on today's x-rays. Right foot reveals fusion of the navicular-cuneiform, and 1st metatarsal base. Evidence of a Lisfranc fracture of his midfoot. Healing fracture of the 1st, 2nd, and 3rd metatarsals. Previous treatment includes previous surgery, physical therapy, and medications. A request had been made for tramadol 150 mg, #30, Xanax 1 mg, #60, Prilosec 20 mg, #90, Gabapentin 300 mg, #60, and was not certified in the pre-authorization process on 3/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 82, 113 of 127.

Decision rationale: MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Xanax 1 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines) Page(s): 24 of 127.

Decision rationale: Xanax(Alprazolam) is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven.. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. There is no recent documentation of improvement in functionality with the use of this medication. Therefore, this request is deemed not medically necessary.

Prilosec 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. An unspecified GI disorder has not been documented as a diagnosis for this claimant. Therefore, the use of this medication is deemed not medically necessary.

Gabapentin 300mg #60 to be taken q 12 h: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 of 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain noted on physical examination. As such, this request for Neurontin is not medically necessary.