

Case Number:	CM14-0040799		
Date Assigned:	06/27/2014	Date of Injury:	05/13/2009
Decision Date:	08/11/2014	UR Denial Date:	03/04/2014
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 Anesthesiology, has a subspecialty in Pain Medicine, 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:

According to the records made available for review, this is a 53-year-old male with a 5/13/09 date of injury, and status post right shoulder arthroscopy 12/28/09. At the time (3/4/14) of request for authorization for retrospective request for medications gabapentin/pyridoxine on 1/17/2014, there is documentation of subjective (wrist pain and tenderness; continued pain, numbness, and tingling in the right wrist and hand) and objective (right wrist tenderness to palpation over the volar crease of the wrist, positive Tinel's and Phalen's, decreased sensation in the median nerve distribution) findings, current diagnoses (right shoulder sprain and strain, possible rupture of the distal tendon of the insertion of the biceps, and clinical carpal tunnel syndrome, right wrist), and treatment to date (physical therapy, activity modification, and medications (including Anaprox, Vicodin, and Elavil)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Gabapentin /Pyrodoxine on 01/17/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of right shoulder sprain and strain, possible rupture of the distal tendon of the insertion of the biceps, and clinical carpal tunnel syndrome, right wrist. However, gabapentin/pyridoxine contains at least one drug (gabapentin) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for medications gabapentin/pyridoxine on 1/17/2014 is not medically necessary.