

<b>Case Number:</b>	CM14-0042892		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	08/12/2008
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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: Occupational 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:

This is a 65-year-old female patient with a date of injury of 8/12/08. The mechanism of injury was not noted. On 3/7/14, she was seen for a follow up of right arm CRPS (Complex regional pain syndrome) and right dorsal wrist pain, and is asking for a corticosteroid injection in the right wrist. The objective exam findings were not noted in the documentation provided. The diagnostic impression a flare up of CRPS, right arm, and right wrist sprain. A UR decision dated 3/17/14, denied the requests for Occupational therapy, Naprosyn, and Neurontin. The occupational therapy was denied due to the absence of objective physical impairment, the necessity for the continued delivery of skilled therapy services, which cannot be established based on the guidelines and/or clinical data submitted at this time. The Naprosyn was denied because this medication is available over-the counter and is used by a substantial portion of the population for the daily somatic aches and pains of life. There was no documentation that supports the medical necessity for the continued prescribing of this or any non-steroidal anti-inflammatory drug. The Neurontin was denied because it was noted that the patient experienced no therapeutic benefit from earlier prescribing of gabapentin (Neurontin), and there is no clear indication that the Neurontin would be of any benefit at this time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Occupational Therapy times six (6): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

**Decision rationale:** CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. However, the patient came to the office to receive an injection for a flare up of her CRPS (Complex regional pain syndrome). Her date of injury was noted to be in 2008, however, no additional information was provided and it is unclear as to how many previous physical therapy sessions she has had in the past, or if any functional improvement was obtained. There was insufficient documentation provided to substantiate the medical necessity for continued therapy. Therefore, the request for occupational therapy times six (6), was not medically necessary.

**Naprosyn twice a day (BID):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, NSAIDs.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, the patient's date of injury was in 2008, and she returns for a visit with complaints of a flare-up of her CRPS, right arm, requesting an injection in her right wrist. It is unclear as to whether the patient has ever had Naprosyn in the past. In addition, the strength was noted to be 500mg in the notes, but the quantity of Naprosyn was not indicated. Therefore, the request for Naprosyn twice a day (BID), was not medically necessary.

**Neurontin at hour of sleep (QHS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, there was no documentation noted of neuropathy, and it is unclear as to why the patient needs Neurontin at bedtime. In addition, it was noted in the notes that the dose of Neurontin was 100mg, but the quantity was not specified. Therefore, the request for Neurontin at the hour of sleep (QHS) was not medically necessary.