

Case Number:	CM14-0061098		
Date Assigned:	07/09/2014	Date of Injury:	12/26/2012
Decision Date:	08/21/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic upper extremity pain, hand pain, elbow pain, and shoulder pain reportedly associated with an industrial injury of December 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; and reported return to work as a security guard. In a Utilization Review Report dated April 10, 2014, the claims administrator noted that the applicant had undergone partial resection of the left fifth distal phalanx following an avulsion fracture of the same. The applicant reported appropriate analgesia with the medication in question and further stated that the applicant was working night shift as a driver and security guard. The claims administrator, despite documenting appropriate improvement with the medication in question, nevertheless went on to deny the same. On April 18, 2014, the attending provider appealed the denial. The attending provider stated that the applicant is working one of his two former jobs as a janitor and security guard but is not working as a laborer. The attending provider stated that the applicant was able to maintain at least one of his jobs with usage of Neurontin and Relafen. In an earlier note of April 2, 2014, the attending provider again noted that the applicant reported 2-3/10 pain, well controlled with medications. The applicant had some degree of neuropathic pain about the partially amputated digit. Relafen and Neurontin were again renewed. The applicant was asked to continue working as a security guard and janitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #120 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 49, Gabapentin topic. Page(s): 49.

Decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line agent for neuropathic pain, as is present here. In this case, the applicant does have neuropathic pain apparently associated with a stump neuroma. Gabapentin has been effectual in combating the same, the attending provider has established, as evinced by the applicant's successful return to work as a security guard and as evinced by continuing reports of diminished pain with ongoing gabapentin usage. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.

Nabumetone-Relafen 500 mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 22, Antiinflammatory Medications topic.2. MTUS 9792.20f Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, antiinflammatory medications such as nabumetone do represent a traditional first-line treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. The applicant had demonstrated functional improvement with earlier usage of Relafen as evinced by the applicant's achieving and/or maintaining successful return to work status with the same. The applicant, furthermore, reports appropriate analgesia with Relafen. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.