

Case Number:	CM14-0064939		
Date Assigned:	07/11/2014	Date of Injury:	04/06/2012
Decision Date:	09/08/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/08/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic wrist pain, elbow pain, carpal tunnel syndrome, and elbow epicondylitis reportedly associated with an industrial injury of April 6, 2012. Thus far, the patient has been treated with the following: analgesic medications; attorney representation; opioid therapy; earlier carpal tunnel release surgery; and topical compounded medications. In a Utilization Review Report dated April 26, 2014, the claims administrator denied a request for Vicodin, Neurontin, and Flurbiprofen cream. Somewhat incongruously, the claims administrator reported in one section of its note that the patient was currently working while other sections of the note stated that the applicant was off of work, on total temporary disability. The medications were apparently denied owing to reported lack of benefit with the same. The patient's attorney subsequently appealed. In a May 22, 2013 progress note, the patient reported some numbness, tingling, dysesthesias about the digits. Repeat electrodiagnostic testing was ordered. Her symptoms of numbness and paresthesias were described as low grade. Home exercises, topical applications of heat, and regular duty work were endorsed. It was suggested that she was in fact working. On April 10, 2014, the patient was reporting persistent complaints of pain, ranging from 4-6/10. She did have positive signs of carpal tunnel syndrome, including positive Phalen test about the hand in question. Repeat electrodiagnostic testing was sought. It was again acknowledged that she was working. On December 5, 2013, it appears that Gabapentin was introduced for residual symptoms of neuropathic pain, including paresthesias and dysesthesias, about the right extremity following the earlier carpal tunnel release surgery of October 2013. The patient was asked to use Vicodin on an as-needed basis in conjunction with a Flurbiprofen-containing topical compounded cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/500mg (unspecified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the patient has achieved and/or maintained regular duty work status, despite having ongoing complaints of upper extremity pain and paresthesias. It does appear, thus, that the patient is deriving appropriate analgesia and improved ability to perform activities of daily living, including work tasks and home exercises, with ongoing Vicodin usage. Continuing the same, on balance, is indicated. Therefore, the request for Vicodin 5/500 is medically necessary.

Gabapentin 300mg (unspecified quantity): Overturned

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is considered a "first-line treatment for neuropathic pain." In this case, it is further noted that the applicant does have residual symptoms of numbness, tingling, paresthesias about the hands and digits, apparently a function of recurrent carpal tunnel syndrome following earlier failed carpal tunnel release surgery. Selection and/or ongoing usage of gabapentin appear to be an appropriate option in treating the same. The patient does appear to have derived appropriate analgesia and functional improvement through ongoing gabapentin usage as evinced by her successful return to and/or maintenance of regular duty work status. Therefore, the request for Gabapentin 300mg is medically necessary.

Flurbiprofen cream (unspecified quantity): Upheld

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

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental" and are primarily recommended for neuropathic pain in applicants in whom trials of antidepressants and/or anticonvulsants have failed. In this case, however, the patient's ongoing, reportedly successful usage of Gabapentin effectively obviates the need for the largely experimental flurbiprofen cream. Therefore, the request for Flurbiprofen cream is not medically necessary.