

Case Number:	CM14-0071075		
Date Assigned:	07/14/2014	Date of Injury:	06/07/2013
Decision Date:	09/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 & Rehabilitation 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 injured worker is a 55-year-old right hand dominant female with a date of injury of June 6, 2013. In a qualified medical evaluation report dated March 12, 2014, it was indicated that she was performing her usual and customary duties as a junior manager analyst at the time of injury. On this date, while sitting in front of her computer, she experienced sharp and throbbing pain in her right shoulder, which went down into her right wrist. Since that time, the pain has not gone away. A progress report dated May 16, 2014 indicated that the injured worker still has stiffness and pain in her neck and back. She was utilizing a wrist brace with thumb support. Objective findings to the shoulder included tenderness over the trapezius and over the shoulder girdle bilaterally. Tenderness was also noted over the cervical and lumbar paraspinal musculature. An examination of the right wrist revealed pain along the carpometacarpal joint and the first extensor. Tenderness was also present over the carpal tunnel area with positive Tinel's sign on the right. Authorization for medications including Tramadol extended release, Naproxen, Protonix, Gabapentin, Terocin patches, and LidoPro lotion was requested. Other treatment modalities and a plan, which includes an in-home transcutaneous electrical nerve stimulation unit, electromyogram of the upper extremities, and magnetic resonance imaging scans of the neck and right wrist, were also requested. In her most recent evaluation on June 30, 2014, the injured worker continued to complain of persistent pain in her right shoulder, neck and right wrist. She stated that her pain has been persistent along the right wrist, to the base of the thumb into the forearm. She has also been having pain along the neck, trapezius and over the shoulder girdle. She stated that her physical therapy and chiropractic treatment with the treating physician has been helpful as it enabled her to be functional and allowed her to take limited medications. She was diagnosed with (a) discogenic cervical condition with facet inflammation and shoulder girdles involvement; (b) right shoulder impingement, rotator cuff strain and bicipital tendinitis;

(c) medial greater than lateral epicondylitis on the right; (d) carpal tunnel syndrome on the right (new diagnosis); (e) wrist joint inflammation with carpometacarpal joint and scaphotrapezotrapezoidal joint inflammation and (f) tendinitis of the elbow. This is a review of the requested medications which included Tramadol extended release (ER) 150mg #30, Naproxen 550mg #60 and Gabapentin 600 mg #90, all of which were requested to provide pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg, # 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: The medical records received have limited information to support the necessity of Tramadol extended release at this time. The records reviewed did not indicate any functional improvement in the continued utilization of the medication. Although the injured worker stated that this medication has been helpful, objective findings were lacking including a decrease in pain level, increased range of motion and an increase in ability to do activities of daily living as set forth in the evidence-based guidelines for continued opioid use. In addition, guidelines accentuate that there is a need for screening with regard to opioid misuse or abuse. This was not found in the presented records. Moreover, per the California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, tramadol extended release is not recommended as a first-line therapy. The documentation submitted did not indicate that the injured worker has tried and failed the use of first-line therapy. From the start of treatment, Tramadol extended release was already included in her pharmacologic regimen. With these considerations, it can be concluded that the request for Tramadol extended release is not medically necessary.

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request for Naproxen 550mg #60 is considered not medically necessary at this time. Per California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, Naproxen is a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis of the knee and hip. The submitted documents did not indicate any subjective and objective findings to the knee and hips as the injured worker's

complaints involved her neck and left upper extremity. Furthermore, the injured worker was not diagnosed with osteoarthritis, which is the primary indication for the prescription of Naproxen. Therefore, it can be concluded that Naproxen 550 mg #60 is not medically necessary.

Gabapentin 600mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (AEDs) Page(s): 21.

Decision rationale: The medical records received have limited information to support the necessity of the requested Gabapentin 600 mg, #90. There is lack of documentation of objective findings of neuropathic pain in which gabapentin is primarily indicated. Although there were subjective complaints of radiating pain, numbness and a tingling sensation, these do not confirm the diagnosis of neuropathic pain absent the documentation of objective findings such as decreased sensation, decreased muscle strength and reflexes, as well confirmation of nerve compromise in diagnostic imaging and electromyogram/ nerve conduction velocity. The medical records provided did not indicate functional improvement (decrease in pain, increase in ability to perform activities of daily living and increased quality of life) with the continued utilization of the medication. It should be noted in the evaluations that she presented with continued persistent pain in her neck, right shoulder and right wrist. Therefore, the request for Gabapentin 600mg, #90 is not medically necessary.