MAXIMUS Federal Services

Case Number:	CM14-0079770		
Date Assigned:	07/18/2014	Date of Injury:	12/07/2011
Decision Date:	09/23/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 hospital employee who has filed a claim for bilateral carpal tunnel syndrome, wrist pain, thumb pain, and elbow pain reportedly associated with an industrial injury of December 7, 2011. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; elbow epicondylar release surgery; carpal tunnel release surgery; and a wrist tenosynovectomy procedure. In a Utilization Review Report dated April 30, 2014, the claims administrator denied a request for Gabapentin powder, approved a request for Prilosec, approved a request for Wellbutrin, denied a request for Zocor, approved a request for Lotensin, approved a request for Tylenol, denied a request for Ibuprofen, approved a request for Trazodone, and approved a request for Voltaren gel. The applicant's attorney subsequently appealed. In a progress note dated April 1, 2014, the applicant reported persistent complaints of wrist, thumb, and digit pain. The applicant stated that Celebrex was causing some GI side effects. Lyrica reportedly made the applicant dizzy. The applicant's pain cream was not helping, it was stated, while Trazodone was reportedly helping her sleep. The applicant list of medications included Prilosec, Hydrochlorothiazide, Wellbutrin, Zocor, Lotensin, Tylenol, Motrin, Trazodone, and Voltaren gel. The applicant was given diagnoses of wrist pain, carpal tunnel syndrome, thumb arthritis, and elbow epicondylitis. It was stated that the applicant had developed GI symptoms with Ibuprofen. For that reason, Voltaren gel was recommended. In a March 18, 2014 progress note, the applicant was described as having ongoing issues with right hand pain, making it difficult for her to perform household chores requiring gripping and grasping. The applicant's past medical history is notable for hypertension, reflux, and arthritis. The applicant was using Hydrochlorothiazide, Lotensin, Prilosec, Zocor, Tramadol, and Voltaren gel. New wrist splints were sought. Work restrictions were endorsed. There was no discussion of why Simvastatin or

Zocor was being employed here. On February 18, 2014, the applicant was again described as using a variety of medications, including Ambien, Flexeril, Hydrochlorothiazide, Lotensin, Prilosec, Zocor (Simvastatin), and Extra Strength Tylenol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Powder: 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: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals effectively eliminates the need for a largely experimental topical compound such as the gabapentin-containing compound at issue. Therefore, this request is not medically necessary.

Simvastatin 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult notes that Zocor/Simvastatin is an oral antilipemic agent which inhibits HMG-CoA reductase.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Simvastatin Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA approved purposes has the responsibility to be well-informed regarding usage of the drug in question and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA) notes that simvastatin (Zocor) is indicated as adjunctive therapy to diet to reduce triglyceride levels, cholesterol levels, and/or to reduce mortality levels in individuals at heightened risk for myocardial infarction and/or stroke. In this case, the attending provider did not furnish any rationale for selection and/or ongoing usage of Simvastatin (Zocor). It was not stated whether this was being used for protective purposes, to reduce the applicant's risk of stroke, or for actual issues with dyslipidemia. It was not stated, furthermore, whether or not Simvastatin (Zocor) was effective for this patient in whatever role it is being employed. Therefore, the request is not medically necessary owing to lack of supporting documentation.

Ibuprofen: 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, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, an option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, the applicant has developed issues with reflux, heartburn, and dyspepsia, both with Ibuprofen and with Celebrex (another NSAID). As suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, the most appropriate option, thus, is cessation of the offending drug, Ibuprofen. The attending provider ultimately reached the same conclusion and likewise elected to discontinue ibuprofen. Therefore, the request is not medically necessary.