MAXIMUS Federal Services

Case Number:	CM14-0087044		
Date Assigned:	07/23/2014	Date of Injury:	02/05/2010
Decision Date:	09/08/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 54 year old with an injury date on 2/5/10. The patient complains of worsening cervical pain that feels like bone on bone with movement, radiating to the left arm/shoulder, rated 8/10 per the 5/2/14 report. The patient has numbness of left elbow to the fingers, and hand weakness per the 5/2/14 report. The patient states that Norco takes pain from 10/10 to 8/10, and increases the ability to get up and move per the 5/2/14 report. Flexeril helps with cramping and jaw clenching at night (has history of breaking teeth due to jaw clenching) per the 5/2/14 report. Based on the 5/2/14 progress report provided by [redacted] the diagnoses are rotator cuff tendinitis, sprain/strain of the rotator cuff, spondylosis with myelopathy, cervical degenerative disc disease, myelopathy spinal cord, herniated nucleus pulposus cervical with radiculopathy, osteoarthritis, and pain in joint. Exam on 5/2/14 showed severely limited cervical spine range of motion. The patient keeps head in flexed forward position. The patient is not able to extend neck backwards, and is tender, especially around C7. As the left arm abducts, pain radiates into neck. There is full range of motion of bilateral hips, knees, ankles without swelling of joints, and decreased sensation of the 4th/5th fingers. Manual muscle testing suggests weakness of left upper extremities compared to right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 w 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy Drugs (AEDS) Page(s): 16-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: Review of the 5/2/14 report states to try Gabapentin as the patient's condition may have a neuropathic component. Regarding anti-convulsants, the MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by the MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the treater has asked for a trial of Gabapentin 300mg #90 with 2 refills, which is reasonable considering patient's neuropathic symptoms in peripheral joints. The request is medically necessary.

Voltaren gel 1% 3 tubes with 4 refills: 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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient has used Pennsaid but it was denied by insurance, and patient has failed over the counter oral NSAIDs, as they have provoked GI issues. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Voltaren Gel 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, the treater has asked for Voltaren Gel 1% 3 tubes with 4 refills, for a total of 1200 grams (12 tubes at 100 grams per tube). However, the MTUS recommends a maximum dosage of 32 grams per day, which should not exceed 1000 grams for a month's supply. As such, the request is not medically necessary.