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| Case Number: | CM14-0092395 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 12/31/2011 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 06/18/2014 |

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old female with a 12/31/11 date of injury. At the time (4/11/14) of request for authorization for RETRO Gabapentin 600 mg QHS and RETRO Nabumetone 500mg BID PRN, there is documentation of subjective (right hand pain with swelling and numbness over right thumb) and objective (limited right thumb movements) findings, current diagnoses (pain in hand joint and status post right thumb tenovagotomy), and treatment to date (functional restoration program and medications (including ongoing treatment with Nabumetone, Gabapentin, Benazapril, Glyburide, Metformin, and Ketamine cream)). Medical reports identify that patient has benefit from Nabumetone and Gabapentin. Regarding Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gbapentin use to date. Regarding Nabumetone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nabumetone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Gabapentin 600 mg QHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of pain in hand joint and status post right thumb tenovagotomy. In addition, there is documentation of neuropathic pain and ongoing treatment with Gabapentin. However, despite documentation that patient has good benefit from the use of Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for RETRO Gabapentin 600 mg QHS is not medically necessary.

RETRO Nabumetone 500mg BID PRN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical service. Within the medical information available for review, there is documentation of diagnoses of pain in hand joint and status post right thumb tenovagotomy. In addition, there is documentation of ongoing treatment with Nabumetone for pain. However, despite documentation that patient receives benefit from the use of Nabumetone, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nabumetone use to date. Therefore, based on the guidelines and review of the evidence, the request for RETRO Nabumetone 500mg BID PRN is not medically necessary.

