

Case Number:	CM14-0093942		
Date Assigned:	07/25/2014	Date of Injury:	05/10/2012
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 55 year old female who was injured on 12/21/2001. The mechanism of injury is unknown. Prior treatment history has included 8-10 sessions of physical therapy, 16 sessions of chiro therapy all of which made her worse. Re-evaluation progress note dated 05/08/2014 states the patient has continued symptomatology in the cervical spine, chronic headaches, and tendson between the shoulder blades and migraines. It is noted that she has failed all conservative measures. On exam, the cervical spine revealed tenderness along the cervical paravertebral muscle and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is diminished sensation of the supraclavicular region as well as anterolateral shoulder and arm in a C4 and C5 dermatome pattern. The left elbow has tenderness in the medial aspect. Bilateral wrists demonstrated tenderness at the volar aspect of the wrist with weak grip strength. Diagnoses are cervical discopathy, left medial epicondylitis and cubital tunnel syndrome and status post bilateral carpal tunnel release surgery with electrodiagnostic evidence of bilateral carpal tunnel syndrome. The patient was recommended the medications listed below on 12/05/2013. Prior utilization review dated 05/28/2014 states the request for Gabapentin in Capsaicin Solution, Lidocaine/Hyaluronic (Patch) is not medically necessary and there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin in Capsaicin Solution: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Topical analgesics.

Decision rationale: According to MTUS guidelines, Gabapentin is not recommended for topical application as there is no literature to support its use. Medical records do not establish exceptional circumstances. The request is not medically necessary.

Lidocaine/Hyaluronic (Patch): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, topical analgesics.

Decision rationale: According to MTUS guidelines, the only recommended form of topical Lidocaine is the Lidoderm patch. Medical records do not establish exceptional circumstances. The Request is not medically necessary.