

Case Number:	CM14-0098018		
Date Assigned:	07/28/2014	Date of Injury:	11/23/2010
Decision Date:	09/24/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/24/2014

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 40 year old male who was injured on 11/23/2010 when he felt pain in his left hand while breaking bolt loose. Prior treatment history has included transcutaneous electrical nerve stimulation, bilateral wrist splints. Prior medication history included ibuprofen, Tylenol, Naproxen, and Gabapentin. He has treated conservatively with 20 sessions of physical therapy. The patient underwent right carpal tunnel release on 03/25/2013; and flexor synovectomy of the left small finger, right long finger, and of the right ring finger. Diagnostic studies reviewed include EMG done in 2012 of the upper extremities revealed severe bilaterally carpal tunnel syndrome. A progress report dated 05/07/2014 documented the patient to have complaints of left olecranon pain at the elbow that is constant and sharp in nature. He also reported paresthesias to the left 4th and 5th digits. He complained of weakness as well. He rated his pain as 5/10 at rest. The pain becomes worse with activity. His intermittent right wrist pain is rated as 6/10. Objective findings on exam revealed range of motion of the elbow exhibited extension to 0 bilaterally; flexion to 140 bilaterally; pronation to 80 bilaterally; and supination to 80 bilaterally. There is tenderness to palpation over the medial epicondyle, lateral epicondyle, lateral extensor tendon insertion and Tinel's at the olecranon. The right wrist range of motion is within normal limits. He has positive Tinel's and carpal canal compression. The patient has been recommended for further evaluation; cognitive behavioral therapy and self-regulatory treatment Prior utilization review dated 06/18/2014 states the request for Gabapentin 600mg #30 is denied as medical necessity has not been established; and Cognitive Behavioral therapy one time evaluation is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #30: Overturned

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 Antiepilepsy Drugs Page(s): 16-22.

Decision rationale: According to MTUS guidelines, antiepilepsy drugs are recommended for neuropathic pain. Gabapentin has been considered first-line treatment for neuropathic pain. In this case the patient has chronic left carpal tunnel and cubital tunnel syndrome corroborated by diagnostic studies. Prior treatment with Gabapentin does not appear to have been attempted. Therefore the request is medically necessity.

Cognitive Behavioral therapy one time evaluation: Overturned

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 Behavioral Interventions, Psychological Treatment Page(s): 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Psychological Evaluations.

Decision rationale: According to MTUS guidelines psychological evaluations are recommended for patients with chronic pain. Cognitive behavioral therapy is recommended for patients who fail to progress with physical therapy alone. In this case a request is made for a psychological assessment for suitability for cognitive behavioral therapy for a 40-year-male with chronic left upper extremity pain who failed physical therapy. Therefore the request is medically necessity.