

Case Number:	CM14-0186321		
Date Assigned:	11/14/2014	Date of Injury:	06/04/2009
Decision Date:	01/02/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 injured worker is a 45-year-old female who reported an injury on 06/04/2009. The mechanism of injury was not submitted for clinical review. The diagnoses included right ulnar neuropathy, left lumbar thoracic outlet syndrome, trigger point pain in right trapezius rhomboid and cervical paraspinal muscles, depression, and chronic pain. The previous treatments included medication, EMG/NCV, occupational therapy, ketamine infusion and surgery. Within the clinical note dated 10/23/2014, it was reported the injured worker complained of upper extremity, back and leg pain. She rated her pain 5/10 in severity. Physical examination revealed the musculoskeletal has sensitivity to light touch of the bilateral upper extremity and left lower extremity. The range of motion was limited due to pain on the bilateral upper extremity and left lower extremity. The provider requested calcitonin nasal spray for CRPS, Naprelan and gabapentin. The request for authorization was submitted and dated 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Calcitonin (Salmon) Solutions 200 unit/act 3 per 30 days, use one spray into nostril one time daily, alternate nostrils Refill: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Integrated Treatment/Disability Duration Guidelines, Pain (chronic) (updated 10/30/14), Calcitonin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Calcitonin

Decision rationale: The request for medication calcitonin (salmon) solutions 200 unit/act 3 per 30 days, use one spray into nostril one time daily, alternate nostrils refill: 5 is not medically necessary. The Official Disability Guidelines recommend calcitonin for patients with CRPS type 1 with contraindications for treatment of resorption with a bisphosphonate. It is also not recommended for other chronic pain conditions. Guidelines also note mixed results have been found with intranasal calcitonin. Clinical documentation submitted failed to indicate the injured worker had signs and symptoms of CRPS including skin texture affected in 1 area, appearing shiny or thin. No documentation of abnormal sweating pattern. There was lack of documentation indicating problems coordinating muscle movement with decreased ability to move an affected body part. There is a lack of documentation of difference of skin color or edema. Additionally, the guidelines note there is mixed results have been found with intranasal calcitonin. Therefore, the request for Calcitonin (Salmon) Solution is not medically necessary.

5 Refills of Previously Approved Naprelan 750mg ER Tabs QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, NSAIDs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for medication 5 refills of previously approved Naprelan 750mg ER tabs QTY: 30: is not medically necessary. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the quality of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines recommendation of short term use. Therefore, the request for 5 Refills of Previously Approved Naprelan 750mg ER Tabs QTY: 30 is not medically necessary.

Five Refills of the Previously Approved Gabapentin Tab 600mg, take one tab po four times daily QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anit-epilepsy Drugs (AEDs) Page(s): 16, 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The request for medication five refills of the previously approved gabapentin tab 600mg, take one tab po four times daily QTY: 120 is not medically necessary.

The California MTUS Guidelines note gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The clinical documentation submitted failed to indicate the injured worker is treated for diabetic painful neuropathy or post herpetic neuralgia. Therefore, the request for Five Refills of the Previously Approved Gabapentin Tab 600mg is not medically necessary.