

Case Number:	CM14-0204139		
Date Assigned:	12/16/2014	Date of Injury:	10/06/2014
Decision Date:	02/11/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/05/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist, hand, and forearm pain reportedly associated with cumulative trauma at work first claimed on October 6, 2014. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve the request for ranitidine, gabapentin, and ibuprofen. Despite the fact that this was not a chronic pain case as of the date of request, the MTUS Chronic Pain Medical Treatment Guidelines were nevertheless invoked. The claims administrator cited a doctor's first report (DFR) dated November 4, 2014 in its determination. The applicant's attorney subsequently appealed. In an office visit of October 6, 2014, the applicant was given diagnosis of severe right-sided carpal tunnel syndrome and mild left-sided carpal tunnel syndrome. Electrodiagnostic testing of the upper extremities was sought. The applicant had worked as an assembler for the past four years, it was stated. Positive Tinel's and Phalen's signs are noted bilaterally. Electrodiagnostic testing dated October 28, 2014 was notable for severe right-sided carpal tunnel syndrome and mild left-sided carpal tunnel syndrome with normal ulnar nerves bilaterally. In a handwritten doctor's first report (DFR) seemingly dated October 27, 2014, the applicant was given prescriptions for Motrin, ranitidine, and gabapentin, through preprinted checkboxes, with little-to-no narrative commentary. The applicant was placed off of work, on total temporary disability, for 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg BID #60 refill 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Zantac label.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable here as this was not a chronic pain case as of the date of the request. The MTUS-adopted ACOEM Guidelines do not address the topic. While the Food and Drug Administration (FDA) does acknowledge that ranitidine (Zantac) is indicated in the short-term treatment of active duodenal ulcers, maintenance therapy for duodenal ulcers, pathological hypersecretory conditions, active gastric ulcers, gastroesophageal reflux disease, and/or erosive esophagitis, in this case, however, the attending provider's handwritten progress note contain no references to issues with reflux, heartburn, dyspepsia, gastric ulcer disease, pathological hypersecretory condition, etc., for which Zantac (ranitidine) would have been indicated. Therefore, the request was not medically necessary.

Gabapentin 100mg BID #60 refill 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of request as this was not a chronic pain case on or around the date gabapentin was prescribed. The MTUS-adopted ACOEM Guidelines do not address the topic of gabapentin usage for carpal tunnel syndrome, the diagnosis reportedly present here. However, the Third Edition ACOEM Guidelines Hand, Wrist, and Forearm Chapter takes a position that other prescription medications which can be considered include tricyclic antidepressants, SNRI antidepressants, and/or anticonvulsant such as gabapentin. Introduction of gabapentin, thus, was indicated on or around the date in question, given the issues with neuropathic pain associated with bilateral carpal tunnel syndrome. Therefore, the request was medically necessary.

Ibuprofen 400mg BID #60 refill 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 11, table 11-7, page 271, NSAIDs such as ibuprofen are "recommended" in the treatment of hand, wrist, and forearm

complaints, as were/are present here. While, ideally, the attending provider should have furnished the applicant with a smaller quantity of ibuprofen (and other medications) so as to afford the applicant an opportunity to be reevaluated to ensure a favorable response to ongoing usage of the same, as suggested in ACOEM Chapter 3, page 47, the request in question, contrary to what was suggested by the claims administrator, did represent a first time request for ibuprofen, which was indicated, the applicant's complaints of moderate to severe pain associated with bilateral carpal tunnel syndrome. Therefore, the request was medically necessary.