

Case Number:	CM14-0206342		
Date Assigned:	12/18/2014	Date of Injury:	05/26/2009
Decision Date:	05/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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, right handed, female who sustained a work related injury on 5/26/09. The diagnoses have included bilateral carpal tunnel syndrome and mass lesion in right wrist. The EMG/NCV studies of the upper extremities on 2/10/14 showed severe bilateral carpal tunnel syndrome. In the Orthopedic Consultation report dated 8/12/14, the injured worker complains of intermittent numbness and tingling in both hands, right is worse than left. She states she has swelling and weakness in hands. Upon examination, bilateral hands demonstrate thenar atrophy along the right side compared to the left. She has diffuse tenderness in fingers. The treatment plan for this visit was a request for right carpal tunnel surgery, post-operative medications and post-operative physical therapy. The IW is utilizing Naproxen for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain. The records show that the patient had subjective, objective and nerve conduction studies reports that is consistent with neuropathic pain. The patient had failed conservative treatment with NSAIDs medications. The criteria for the use of Neurontin 100mg is medically necessary.