

<b>Case Number:</b>	CM14-0207474		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 68-year-old with a reported injury date of 07/03/2012. The patient has the diagnoses of status post left wrist tendon repair, status post left wrist circular saw accident, left hand paresthesia and stress/insomnia. Per the most recent progress notes provided for review from the primary treating physician dated 10/22/2014, the patient had complaints of low back pain, left wrist pain and right shoulder pain. The physical exam noted decreased sensation in the left hand, limited range of motion in the wrist, positive Tinel's and Phalen's sign and decreased grip strength in the left hand. Previous EMG has shown severe left median sensory neuropathy consistent with severe left carpal tunnel syndrome, moderate right carpal tunnel syndrome, mild bilateral ulnar sensory demyelinating neuropathy across the wrist, mild left radial sensory demyelinating and neuropathy across the wrist. Cervical, bilateral trapezoidal and upper thoracic ultrasounds were all normal. MRI of the left hand was normal. Treatment plan recommendations included occupational therapy, wrist braces and continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Wrist Brace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Carpal Tunnel Syndrome and Splinting

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**Decision rationale:** The ACOEM chapter on wrist complaints and the treatment of carpal tunnel syndrome states: When treating with a splint in CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting should be used at night, and may be used during the day, depending upon activity. This patient has the EMG confirmed diagnoses of severe carpal tunnel syndrome. Progress reports indicate the patient get significant pain relief with the use of the wrist brace. Therefore the request is deemed medically necessary and is certified.

**Ranitidine 150mg BID #60, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69, 16, 49.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician desk reference

**Decision rationale:** The California MTUS, the ACOEM and the ODG do not specifically address the requested medication. Per the Physician Desk Reference, this medication is a H2 blocker used in the treatment of gastrointestinal disorders such as reflux disease or gastritis. The progress notes provided for review do not make any mention of the patient having a diagnosis of a primary gastrointestinal disorder or reflux disease. Therefore the medical necessity for this medication has not been established and the request is not certified.

**Gabapentin 300mg TID #90, 3 refills:** 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 gabapentin Page(s): 18.

**Decision rationale:** The California chronic pain medical treatment guidelines section on Gabapentin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The

number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen<sup>2</sup>-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. This medication is indicated for neuropathic pain as a first line agent. The patient had an EMG showing bilateral carpal tunnel syndrome. The patient has no listed contraindications to taking the medication. Therefore the medication is indicated and the request is certified.