

Case Number:	CM15-0006656		
Date Assigned:	01/21/2015	Date of Injury:	02/03/2008
Decision Date:	03/19/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/13/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 47 year old male, who sustained an industrial injury on February 3, 2008. The diagnoses have included ulnar neuropathy. Treatment to date has included left elbow ulnar nerve decompression and left open carpal tunnel release on May 13, 2009, right elbow ulnar nerve decompression on October 21, 2009 and left ulnar nerve decompression at the elbow, left ulnar nerve neurolysis and left ulnar nerve wrap with neuromend on October 15, 2010. The most recent medical document available for review was dated April 17, 2014 and the injured worker at that time was having burning pain to bilateral upper extremities, elbow to hands along ulnar distribution. On January 2, 2015 Utilization Review non-certified a Anaprox 550mg by mouth two times per day quantity 90, TENS unit pads, Ketogabalido compound 120gms, Prilosec 20mg by mouth once a day quantity 90, Tramadol 200mg ER quantity 90 and Neurontin 600mg 1.5 tab every eight hours quantity 135 noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 19, 2014, the injured worker submitted an application for IMR for review of Anaprox 550mg by mouth two times per day quantity 90, TENS unit pads, Ketogabalido compound 120gms, Prilosec 20mg by mouth once a day quantity 90, Tramadol 200mg ER quantity 90 and Neurontin 600mg 1.5 tab every eight hours quantity 135.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg #90 (RFA dated 12-19-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

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

Decision rationale: MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without documentation of acute exacerbation. With MTUS guidelines not being met, the request for Anaprox 550mg by mouth two times per day quantity 90 is not medically necessary.

TENS unit pads (RFA dated 12-19-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: MTUS guidelines state that a TENS unit may be recommended in the treatment of chronic intractable pain conditions, if there is documentation of pain for at least three months duration, evidence that other appropriate pain modalities including medications have been tried and failed and that a one-month trial period of the TENS unit has been prescribed, as an adjunct to ongoing treatment modalities within a functional restoration program. Documentation provided does not indicate a specific functional program or details regarding previous trial period of TENS unit, making the request for TENS unit pads not medically necessary.

Ketogabaldo compound 120 grams (RFA dated 12-19-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: MTUS states that use of topical non-dermal formulations of Lidocaine such as creams, lotions and gels, are not indicated for treatment of neuropathic pain. Furthermore, the use of topical Gabapentin is not recommended. Ketogabaldo compound contains Ketoprofen 20%, Gabapentin 6% and Lidocaine 10%. Per MTUS guidelines, any compounded product that

contains at least one drug (or drug class that is not recommended,) is not recommended . The request for Ketogabaldo compound 120gms is not medically necessary.

Prilosec 20 mg #90 (RFA dated 12-19-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, PPI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: MTUS recommends the combination of Non-steroidal anti-inflammatory drugs (NSAIDs) and Proton Pump Inhibitors (PPIs) for patients at risk for gastrointestinal events including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Documentation does not support that the injured worker meets the above criteria, in particular, being at high risk of gastrointestinal events. The request for Prilosec 20mg by mouth once a day quantity 90 is not medically necessary.

Tramadol 200 mg ER, #90 (RFA dated 12-19-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: Per guidelines, Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. The injured worker complaints of chronic burning pain in both upper extremities, despite multiple treatment modalities, including surgical intervention. MTUS states that there are no long-term studies to allow use of Tramadol for longer than three months. The request for Tramadol 200mg ER quantity 90 is not medically necessary.

Neurontin 600 mg 1.5 #135 (RFA dated 12-19-14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

Decision rationale: MTUS, Chronic Pain Treatment Guidelines, MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few

randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. The injured worker has chronic burning pain in both upper extremities due to ulnar neuropathy. Chart documentation fails to show evidence of diagnoses or objective findings on physical examination, to support that the injured worker's condition meets MTUS criteria for use of anti-epileptic drugs. The request for Neurontin 600mg 1.5 tab every eight hours quantity 135 is not medically necessary