

Case Number:	CM15-0104591		
Date Assigned:	06/08/2015	Date of Injury:	03/22/2010
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56-year-old female who sustained an industrial injury on 03/22/2010. Treatment provided to date has included physical therapy (several sessions), acupuncture (6), medications, and conservative therapies/care. Diagnostic tests performed include MRI of the lumbar spine (08/11/2012) showing multilevel mild facet hypertrophic changes and disc bulging with mild central canal stenosis. Comorbid diagnoses included history of hypertension. There were no noted previous injuries or dates of injury. On 05/14/2015, physician progress report noted complaints of continued right upper extremity hand and wrist pain. Pain is rated as 5 (0-10) and described as burning and tingling. Additional complaints include over sensitivity, dropping objects, pain with gripping, grasping, combing her hair, and continued weakness in the right upper extremity. The injured worker reported that the pain was improved with the use of Neurontin and Voltaren gel and is upset that her medications are denied. The injured worker noted that Ultram helps improve her pain, but since she is having sever low back pain (another claim), she is not getting much benefit at this time. Current prescribed medications include Neurontin, Ultram ER and Voltaren gel. After review of the clinical notes, it has been determined that the injured worker has been prescribed Neurontin (gabapentin), Ultram ER, and Voltaren gel since 11/19/2014. The physical exam revealed restricted and painful range of motion (ROM) in the right shoulder, tenderness in the acromioclavicular joint, glenohumeral joint and subdeltoid bursa, slightly decreased right grip strength, difficulty making a fist with the right hand, and increased sensitivity in the right middle finger going into the right wrist. The provider noted diagnoses of enthesopathy, pain in joint of shoulder, cervicgia, carpal tunnel

syndrome, lumbar or lumbosacral disc degeneration, and lumbago. Plan of care includes continued medications (refills), continued electrical stimulation and home exercise program, continued conservative therapies, and follow-up. The injured worker's work status totally temporarily disabled. Requested treatments include Neurontin, Ultram ER, Voltaren gel and TENS (Transcutaneous Electrical Nerve Stimulation) unit patches (3 month supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg bid times 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Urine drug screens.

Decision rationale: MTUS Guidelines support the use of Neurontin for pain with neuropathic qualities, which this patient has. It is clearly documented that it is very beneficial for pain and function as evidenced by her continued full duties work. Routine urine drug screening should not be testing for this drug. The Neurontin 600mg bid times 60 is supported by Guidelines and is medically necessary.

Ultram ER 100mg three tabs po qd #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the use of opioids when there is meaningful pain relief, lack of drug related aberrant behaviors and support of function (best evidenced by return to work). It is clear that this individual meets the Guideline criteria for use of the Ultram. Under these circumstances, the Ultram ER 100mg three tabs po qd #90 is supported by Guidelines and is medically necessary.

Voltaren gel #3 100gms qid to upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Topical Analgesics.

Decision rationale: Guidelines generally recommend only short term use of topical NSAIDs, but the Guidelines do state that they may be useful for chronic pain for joints/tendons that amenable to topical treatment (hands, wrists, elbow). This is a reasonable exception to the general recommendation for short-term use of the topical NSAID. Continued benefit is documented and the fact that she remains at work is a strong argument for functional benefit. If function deteriorates, a re-review may be warranted. Under the current circumstances, the Voltaren gel #3 100gms qid to upper extremity is medically necessary and appropriate.

Transcutaneous electrical nerve stimulation (TENS) unit patches (3 month supply):
Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 115-117.

Decision rationale: MTUS Guidelines give narrow support to the use of TENS units. Documentation of ongoing use and objective benefits is required before Guidelines support the ongoing use of a TENS unit. This individual meets these criteria. Daily use is documented and the best measure of functional support is her continued full duties. If her functional levels diminish a re-review of the TENS unit may be reasonable, but at this point in time, the transcutaneous electrical nerve stimulation (TENS) unit patches (3 month supply) is supported by Guidelines and is medically necessary.