

Case Number:	CM15-0106877		
Date Assigned:	06/12/2015	Date of Injury:	05/11/2009
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, Florida, 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 50-year-old, female who sustained a work related injury on 5/11/09. The diagnoses have included cervical degenerative disc disease, cervical radiculitis, myofascial pain, severe right lateral epicondylitis and mild medial epicondylitis. Treatments have included medications and a Work Hardening Program. In the PR-2 dated 3/18/15, the injured worker complains of continued pain in her neck, bilateral elbows and across her upper back. She has numbness and tingling in both hands with weakness. She states her pain has increased recently especially after the Work Hardening Program she completed in December 2014 into January 2015. She states that medications help with the pain about 30%-40%. She has tenderness to touch of right first metacarpophalangeal joint on the volar and dorsal aspect. She has tenderness to palpation of lateral aspect of the radial head in left elbow. She has decreased range of motion in cervical spine and elbow. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 1 refill: Upheld

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 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009).

Decision rationale: This claimant was injured back in 2009. There was neck degenerative issues and right lateral and medial epicondylitis. She finished work hardening. The medicines help about 30 to 40% with subjective pain reduction, but there is no mention of improved function. The MTUS notes that anti-epilepsy drugs (AEDs) like Gabapentin are also referred to as anti-convulsants, and are recommended for neuropathic pain (pain due to nerve damage). However, there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. It is not clear in this case what the neuropathic pain generator is, and why therefore that Gabapentin is essential. 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. This claimant however has neither of those conditions. The request is not medically necessary and appropriately non-certified under the MTUS evidence-based criteria.

LidoPro cream 121gm: Upheld

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 Per the 8 C. C. R. 9792. 20 - 9792. 26 Page(s): 112 of 127.

Decision rationale: This claimant was injured back in 2009. There were neck degenerative issues and right lateral and medial epicondylitis. She finished work hardening. The medicines help about 30 to 40%. There is no mention of objective improvement in function, however. LidoPro is a combination of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and the primary component is the topical analgesic, Methyl Salicylate 27.5%. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. The MTUS sets a high bar for effectiveness of continued or ongoing medical care in 9792. 24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789. 10-9789. 111; and a reduction in the dependency on continued medical treatment. With this proposed treatment, there is no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Therefore, MTUS criteria are not met to continue the services. The request is not medically necessary.

