

Case Number:	CM15-0131936		
Date Assigned:	07/20/2015	Date of Injury:	07/16/2014
Decision Date:	09/09/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/08/2015

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 42 year old female, who sustained an industrial injury on July 16, 2014. She reported a forced hyperextension injury of the left wrist. The injured worker was diagnosed as having left carpal tunnel syndrome. Diagnostic studies to date have included: On January 14, 2015, electromyography/nerve conduction velocity studies revealed moderate median neuropathy (motor/sensory) of the left wrist. Treatment to date has included of physical therapy, acupuncture, a home exercise program, a cock-up wrist splint, a steroid injection, and medications including topical pain, anti-epilepsy, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 9, 2015, the injured worker complained of left hand pain. Associated symptoms include clumsiness of the left hand, difficulty with grip and grasp, and numbness and tingling of left hand mostly the little finger, ring finger, and thenar. The physical exam revealed positive CCT, Tinel's negative at the median and ulnar nerves, positive Phalen's, mildly positive Tinel's at the left cubital tunnel, and decreased pinwheel left little, ring, and middle digits. Her work status was modified work including no frequent grip, grasp, or fine manipulation of the left hand and no lifting greater than 5 pounds left hand. The treatment plan includes continuing the Celebrex 200 mg 1 daily #30 and Neurontin 100 mg 1 at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, 1 orally every day, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; Celebrex; NSAIDs, specific drug list & adverse effects Page(s): 22, 30, and 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; NSAIDs, specific drug list & adverse effects: Selective COX-2 NSAIDS Page(s): 30; 67-68; 70.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen for short-term relief of osteoarthritis (including the knee and hip) and acute exacerbations of low back pain symptoms. "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." The CMTUS recommends the use of Selective COX-2 non-steroidal anti-inflammatory drugs, such as Celebrex, when the injured worker has an intermediate risk for gastrointestinal events and no cardiovascular disease or has mild to moderate risk factors for cardiovascular disease. There was lack of evidence of the injured worker having gastrointestinal issues or any risk factors for cardiovascular disease. In addition, the medical records show that the injured worker has been taking Celebrex since at least March 2015, which exceeds the guideline recommendations. Therefore, the Celebrex is not medically necessary.

Neurontin 100mg, 1 orally every night at bedtime, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available) Page(s): 16-19.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend anti-epilepsy drugs (also referred to as anti-convulsants) as a first-line treatment for neuropathic pain (pain due to nerve damage). The CMTUS recommends Neurontin as a first-line treatment for neuropathic pain. There is sufficient evidence of the subjective complaints of numbness and tingling along with the objective findings of neurological abnormalities on the physician's progress report dated June 9, 2015. Therefore, the request for Neurontin is medically necessary.