

Case Number:	CM15-0146828		
Date Assigned:	08/07/2015	Date of Injury:	01/14/2012
Decision Date:	09/04/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female who sustained an industrial/work injury on 1-14-12. She reported an initial complaint of pain to back, right upper extremity, neck, left shoulder, and headaches. The injured worker was diagnosed as having neck strain-sprain, multilevel disc disease, low back pain with lumbar disc degeneration and radiculopathy, adhesive capsulitis, rotator cuff tendinitis, small bursal surface rotator cuff tear of right shoulder, traumatic arthritis basilar joint right thumb, left ankle sprain, and trigger finger. Treatment to date includes medication and surgery (carpal tunnel release on 3-5-13). Currently, the injured worker complained of pain in her lower back, tailbone, right hand, wrist, elbow, arm, ring finger, little finger, neck, and left shoulder blade and headaches. Per the primary physician's report (PR-2) on 6-17-15, exam noted posterior neck was mildly tender, slight paraspinal muscle spasm, reduced range of motion to cervical spine, anterior shoulder and AC (acromioclavicular) joint tenderness with pain at the extremes of abduction and flexion of right shoulder, tenderness over medial aspect of the right elbow, the A1 pulley of the right thumb was very tender, percussion caused paresthesias radiating into the palm of the right hand, normal gait, lower back was mildly to slightly tender, slight paraspinal muscle spasm, positive straight leg raise bilaterally and patellar and Achilles reflexes were absent. Current plan of care included medication and therapy. The requested treatments include Motrin 600mg, Neurontin 300mg, and Physical therapy/occupational therapy for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work-related injury in January 2012 and is being treated for chronic widespread pain. When seen, complaints included right hand pain with tingling and weakness. Multiple braces were being worn including a right wrist brace. There was right thumb and wrist tenderness and positive Tinel's. A right carpal tunnel release had been done in March 2013. Diagnoses included right thumb triggering and Dupuytren's. Motrin and Neurontin were prescribed. The Neurontin dosing was 900 mg per day in total. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and is medically necessary.

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work-related injury in January 2012 and is being treated for chronic widespread pain. When seen, complaints included right hand pain with tingling and weakness. Multiple braces were being worn including a right wrist brace. There was right thumb and wrist tenderness and positive Tinel's. A right carpal tunnel release had been done in March 2013. Diagnoses included right thumb triggering and Dupuytren's. Motrin and Neurontin were prescribed. The Neurontin dosing was 900 mg per day in total. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended in terms of being effective. Ongoing prescribing at this dose is not medically necessary.

Physical therapy/occupational therapy 3 times a week for 6 weeks for right hand: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work-related injury in January 2012 and is being treated for chronic widespread pain. When seen, complaints included right hand pain with tingling and weakness. Multiple braces were being worn including a right wrist brace. There was right thumb and wrist tenderness and positive Tinel's. A right carpal tunnel release had been done in March 2013. Diagnoses included right thumb triggering and Dupuytren's. Motrin and Neurontin were prescribed. The Neurontin dosing was 900 mg per day in total. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be effective. The request is not medically necessary.