

Case Number:	CM15-0166359		
Date Assigned:	09/04/2015	Date of Injury:	05/25/2006
Decision Date:	10/22/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/24/2015

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 66 year old female who sustained an industrial injury on 5-25-2006. Medical records indicate the injured worker has been treated for chronic pain, pain in joint forearm, and epicondylitis lateral status post right lateral epicondyle surgery. Medical record dated 8-20-2015 reports an increase in pain in tenderness in her right elbow. She also reported increase in numbness and tingling with repetitive movements at the elbow radiating down to the fourth and fifth digit. She felt her neck pain had worsened from the prior visit. The physical examination dated 8-20-2015 noted tenderness over the cervical paraspinal. She had pain with extension or rotation of the cervical spine. She had guarding and tenderness over the right upper extremity. Treatment has included acupuncture without good result, physical therapy with benefit, and medications including Capsaicin, Ketamine, Naproxen, Gabapentin, and Cyclobenzaprine. She has been on medications since at least 8-21-2014. Utilization review form dated 8-20-2015 non certified Naproxen, Gabapentin, Cyclobenzaprine, Capsaicin, and Ketamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen sodium-anaprox 550mg #90 dispensed 8/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Retro: Naproxen sodium-anaprox 550mg #90 dispensed 8/11/2015 is not medically necessary.

Retro gabapentin 600mg #60 with 1 refill dispensed 8/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS states that gabapentin is an anti-epilepsy drug which 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. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Retro gabapentin 600mg #60 with 1 refill dispensed 8/11/2015 is not medically necessary.

Cyclobenzaprine-flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Cyclobenzaprine-flexeril 7.5mg #90 is not medically necessary.

Capsaicin 0.075% cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

Decision rationale: Capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. At present, based on the records provided, and the evidence-based guideline review, the request is non-certified. Capsaicin 0.075% cream #1 is not medically necessary.

Ketamine 5% 60grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine.

Decision rationale: The MTUS states that ketamine is not recommended and that there is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain. Therefore, this request is not medically reasonable and necessary at this time. Ketamine 5% 60grams #1 is not medically necessary.