

Case Number:	CM15-0168938		
Date Assigned:	09/09/2015	Date of Injury:	02/14/2012
Decision Date:	10/07/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 41-year-old female, who sustained an industrial injury on 2-14-12. The injured worker has complaints of numbness in the right long finger radically beyond the proximal interphalangeal joint and some numbness over the right finger middle phalanx. The documentation noted that the injured worker has some tenderness to palpation over the bilateral wrists, forearm and elbow area. The injured worker has some tenderness over right ring finger mostly at the base the documentation noted that the injured worker is also starting to develop triggering of the right middle finger. The injured worker had a very small lump which felt like a cyst noted on 7-21-15. The diagnoses have included repetitive strain injury; bilateral carpal tunnel syndrome status post release; bilateral wrist tendonitis; trigger finger involving middle and right finger and status post right hand surgery. Treatment to date has included Celebrex for inflammation and pain; gabapentin; trazodone used infrequently when she has problem falling asleep; The documentation noted that the injured worker had started Seroquel and titrated it up to 100mg but went down to 75mg due to feeling "overloaded" and right hand surgery. The injured worker reports less severity of depression and better mood control. The documentation noted that the injured worker remains temporary total disabled. The original utilization review (8-5-15) non-certified the request for gabapentin 600mg once daily #30 and Celebrex 200mg 2 tablets a day, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg OD #30: 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: According to the MTUS guidelines; Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.

Celebrex 200mg 2 tablets a day, #60: 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), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The Celebrex is not medically necessary.