MAXIMUS Federal Services

Case Number:	CM15-0181305		
Date Assigned:	09/22/2015	Date of Injury:	02/19/2010
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/15/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 51-year-old female, who sustained an industrial injury on 2-19-2010. The injured worker is being treated for cervical disc displacement, medial epicondylitis, carpal tunnel syndrome; DeQuervain's right wrist, and lateral epicondylitis. Treatment to date has included medications including ibuprofen, Gabapentin and Prilosec. Per the Primary Treating Physician's Progress Report dated 8-04-2015, the injured worker reported right wrist pain rated 10 out of 10, neck pain rated 10 out of 10, and shoulder pain rated 10 out of 10. Objective findings are documented as positive magnetic resonance imaging (MRI) cervical spine and positive EMG (electromyography) for carpal tunnel syndrome. Per the medical records dated 7-14-2015, she rated her right wrist pain rated 8-10 out of 10, neck pain as 8 out of 10, and shoulder pain as 9 out of 10. On 6-23-2015, gabapentin was listed as medication and her pain was rated as 8 out of 10. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. She was to remain off work. The plan of care included continuation of medications and authorization was requested on for ibuprofen 800mg #60 and gabapentin 300mg #60. On 8-14-2015, Utilization Review non-certified the request for ibuprofen 800mg #60 and gabapentin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg 2 times daily, #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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The CA MTUS guidelines cited state that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP. However, in acute exacerbations of LBP, NSAIDs are recommended as a second-line treatment, and for neuropathic pain, it may be useful for breakthrough pain. The injured worker's baseline pain is overall around 8-9/10, but with medications was documented at 10/10. The pain did not decrease with medication usage and there is was no documentation of objective functional benefit. Based on the available medical records and guidelines cited, ibuprofen 800mg #60 is not medically necessary.

Gabapentin 300mg twice daily, #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): Antiepilepsy drugs (AEDs).

Decision rationale: According to the cited MTUS, antiepilepsy drugs (AEDs), such as gabapentin, are recommended for neuropathic pain treatment. In general, a good response with use of an AED is a 50% reduction in pain, while a moderate response, would reduce pain by about 30%. If neither of the triggers is reached, then generally a switch is made to a different first-line agent, or a combination therapy is used. In the case of this injured worker, she has had no documented reduction in pain or improvement in function specific to the use of gabapentin. Documentation of neuropathic symptoms and improvement in pain and function are critical for continued use of gabapentin in the case of this injured worker. Therefore, gabapentin 300mg #60 is not medically necessary and appropriate.