

Case Number:	CM15-0186038		
Date Assigned:	10/01/2015	Date of Injury:	09/14/2012
Decision Date:	11/19/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of September 14, 2012. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve requests for Neurontin (gabapentin) and Ultram. The claims administrator referenced office visits of August 25, 2015 and August 17, 2015 in its determination. The applicant's attorney subsequently appealed. On June 1, 2015, it was acknowledged that the applicant was not working and had last worked in February 2013. The applicant had been terminated by her former employer and was now collecting Social Security Disability Insurance (SSDI) benefits, it was reported. The applicant's medications included Neurontin, tramadol, and Forteo, it was reported. 4-8/10 elbow and wrist pain complaints were reported. An elbow support was endorsed. The applicant was given an extremely proscriptive 1-pound lifting limitation. Lyrica was seemingly prescribed toward the bottom of the note. On August 17, 2015, the applicant reported difficulty with gripping and grasping tasks. Relafen and Prilosec were endorsed. The applicant was placed off of work, on total temporary disability. DeQuervain's tenosynovitis corticosteroid injection was performed. On July 23, 2015, the applicant reported no improvement following earlier carpal tunnel release procedure and ulnar nerve transposition procedure of June 18, 2015. Heightened pain complaints were seemingly reported on this date. The applicant's medication list included Neurontin, tramadol, and Forteo. The applicant was placed off of work, on total temporary disability. The applicant stated that she received a prescription for Norco from another provider but had not apparently filled the same.

The claims administrator's medical evidence log suggested that the most recent not on file was in fact a prescription order form dated August 20, 2015; thus, the August 25, 2015 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg capsule SIG 2 capsules once per day: Overturned

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: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, antiepilepsy drugs or anticonvulsant medications such as gabapentin may "also be an option for postoperative pain." Here, the request in question was apparently initiated on or around August 25, 2015, i.e., on or around the 2-month mark of an earlier carpal tunnel release procedure and ulnar nerve transposition procedure of June 18, 2015. The applicant was still, thus, within the postoperative phase of treatment as of the date in question, August 25, 2015. While it was acknowledged that the said August 25, 2015 progress note was not seemingly incorporated into the IMR packet, a prior note of August 17, 2015 suggested that the applicant had diminished symptoms of numbness and that the current combinations of medications and/or the results of the surgical intervention had attenuated the applicant's upper extremity paresthesias. Continuing gabapentin, thus, on balance, was seemingly indicated as of the date in question, i.e., some 2 months removed from the date of earlier hand and elbow surgery. Therefore, the request was medically necessary.

Ultram 50mg tablet SIG 1/2 tablet twice a day as needed: Overturned

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): Opioids, criteria for use.

Decision rationale: Similarly, the request for Ultram, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 94 of the MTUS Chronic Pain Medical Treatment Guidelines, tramadol, a synthetic opioid, is indicated in the treatment of moderate-to-severe pain. Here, while the August 25, 2015 office visit on which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the request in question was seemingly endorsed on or around the 2-month mark of an earlier ulnar nerve transposition procedure. The applicant could reasonably or plausibly be expected to have pain complaints in the moderate-to-severe range on or around the date of the request. Usage of tramadol was, thus, indicated to alleviate the same. Therefore, the request was medically necessary.