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| Case Number: | CM15-0189630 | | |
| Date Assigned: | 10/01/2015 | Date of Injury: | 02/10/2011 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 09/25/2015 |

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: Anesthesiology, 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 34 year old female, who sustained an industrial injury on 02-10-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral carpal tunnel syndrome, insomnia, and stress. Medical records (03-06-2015 to 09-09-2015) indicate ongoing bilateral wrist and arm pain. Pain levels were 7-8 out of 10 on a visual analog scale (VAS). Records also indicate no changes in activities of daily living or level of function. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-09-2015, provided no objective findings of the upper extremities. Relevant treatments have included bilateral carpal tunnel releases, physical therapy (PT), work restrictions, and medications (gabapentin since 02-2015, Celebrex and Voltaren gel since 04-2015). There was noted complaints of gastric upset with the use of Motrin. The treating physician indicates that the CURES reports are consistent with current therapy and patient history. The request for authorization (09-09-2015) shows that the following medications were requested: gabapentin 1 by mouth (PO) every 8 hours and 2 PO "QUS" #120 with 2 refills 30 days, Celebrex 1 PO every day #30 with 3 refills, and Voltaren gel apply 4gm 4 times daily #1 with 3 refills. The original utilization review (09-18-2015) non-certified the request for gabapentin 1 by mouth (PO) every 8 hours and 2 PO "QUS" (PR states "at bedtime") #120 with 2 refills 30 days, Celebrex 1 PO every day #30 with 3 refills, and Voltaren gel apply 4gm 4 times daily #1 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 1 PO Q8hr, 2PO QUS #120 x 2 Refills 30/days: 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, Gabapentin (Neurontin, Gabarone, generic available) 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. Gabapentin is also recommended for spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.

Celebrex 1 PO QD #30 x 3 Refills: 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: According to the MTUS, Celebrex is approved for the relief of the signs and symptoms of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. COX-2 inhibitors (e.g., Celebrex) may be considered if the injured worker has a risk of GI complications, but not for the majority of injured workers. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.

Voltaren gel apply 4gm QID #1 x 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Voltaren Gel.

Decision rationale: According to the MTUS, Voltaren Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum

dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The most common adverse reactions were dermatitis and pruritus. (Voltaren package insert) For additional adverse effects: See NSAIDs, GI symptoms and cardiovascular risk; & NSAIDs, hypertension and renal function. Additionally, according to the ODG, Voltaren gel is not recommended as a first-line treatment. Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for injured workers who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to the documents available for review, there is no indication that the injured worker has had a failure of an oral NSAIDs, a contraindication to oral NSAIDS or cannot swallow solid oral dosage forms. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.