

Case Number:	CM15-0196111		
Date Assigned:	10/09/2015	Date of Injury:	08/20/2014
Decision Date:	11/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 43 year old female, who sustained an industrial injury on 8-20-2014. The injured worker is undergoing treatment for: bilateral hands and wrist pain, internal derangement of the right wrist, bilateral wrist strain. On 3-19-15, she reported pain to the bilateral upper extremities at the wrists and base of the thumbs with radiation into the fingers and associated numbness and tingling. She also reported muscle spasms in the bilateral wrists with the right being worse than the left. Physical examination revealed normal ranges of motion of the bilateral wrists, tenderness in the dorsal aspects of the wrists, muscle spasms and trigger points in the wrists and bilateral trapezius muscles, decreased sensation in the wrists, and normal reflexes and strength. Special testing revealed positive bilateral Tinels signs. On 5-11-15, she indicated she had exacerbated with activity. She reported that cooking is especially difficult. She reported bilateral hand and forearm pain associated with decreased strength. She indicated she feels like she will drop things. Examination noted tenderness, and decreased ranges of motion for the wrists with negative Tinels sign and negative Phalens. The records do not discuss pain reduction with the use of the Flexeril or Neurontin. The treatment and diagnostic testing to date has included: medications, at least 6 sessions of physical therapy, at least 2 sessions of acupuncture, magnetic resonance imaging of the right wrist (11-22-14), electrodiagnostic studies (1-26-15), magnetic resonance imaging of the wrists (4-6-15 left, and 11-22-14 right). Medications have included: Naproxen, Omeprazole, Flexeril, and Neurontin. The records indicate she has been utilizing Flexeril and Neurontin since at least March 2015, possibly longer. Current work status: modified. The request for authorization is for: Flexeril 7.5mg quantity 90,

Neurontin 300mg quantity 120. The UR dated 10-2-2015: modified certified Flexeril 7.5mg quantity 90 for weaning purposes, and modified Neurontin quantity 30 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #120: Upheld

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

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

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines page 18, Specific Anti-Epilepsy Drugs, A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. In this case, the exam notes submitted do not demonstrate evidence of neuropathic pain or demonstrate percentage of relief, the duration of relief, increase in function or increased activity. Therefore, the criteria set forth in the guidelines have not been met and the request is not medically necessary.