

Case Number:	CM15-0197032		
Date Assigned:	10/12/2015	Date of Injury:	09/30/2012
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45 year old female, who sustained an industrial injury on 9-30-2012. The medical records indicate that the injured worker is undergoing treatment for right shoulder pain, impingement syndrome and adhesive capsulitis, cervical sprain-strain, lumbar facet arthropathy, right carpal tunnel syndrome, ulnar neuropathy at the cubital fossa, and right lateral epicondylitis. According to the progress report dated 8-7-2015, the injured worker returns stating her pain is about the same. She described the pain as constant, dull, burning, tingling, and numbness. On a subjective pain scale, she rates her pain 3-4 out of 10. She notes that the pain is brought on with the use of her right arm, as well as sitting, walking, standing, and squatting for a long time. The physical examination of the right shoulder reveals tenderness over the acromioclavicular joint and superior lateral aspect of the shoulder, restricted and painful range of motion, and positive impingement sign. The current medications are Gabapentin (since at least 3-20-2015), Diclofenac (since at least 3-20-2015), and Cymbalta. Previous diagnostic studies include electrodiagnostic testing and MRI of the right shoulder. Treatments to date include medication management, physical therapy, and H-wave. Work status is described as full duty. The original utilization review (9-11-2015) had non-certified a request for Gabapentin #60 and Diclofenac #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: 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: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs, decreased pharmacological dosing and medical utilization for this chronic 2012 injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg #60 is not medically necessary and appropriate.

Diclofenac 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDs beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2012 injury nor have they demonstrated any functional efficacy in terms of specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Diclofenac 100mg #30 is not medically necessary and appropriate.