

Case Number:	CM15-0201013		
Date Assigned:	10/20/2015	Date of Injury:	06/09/2010
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/13/2015

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: 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 injured worker is a 48 year old female with an industrial injury date of 06-09-2010. Medical record review indicates she is being treated for sprain triangular fibrocartilage, radial styloid tenosynovitis, carpal tunnel syndrome and chronic pain. Subjective complaints (08-26-2015) included right sided neck pain, right elbow pain and right wrist pain. The treating physician documented the injured worker's last day of work was approximately four years ago. Reported limitations in activities of daily living included unable to carry a gallon of milk, difficulty squeezing lemons and opening bottles, limited shopping, can only drive for an hour, difficulty cleaning her bathtub and toilet and difficulty writing more than 2 minutes and typing more than 2 minutes. The treating physician noted the injured worker received a 50% decrease in pain with Gabapentin. Prior treatment included physical therapy (approximately 18 sessions), acupuncture (6 sessions), and bilateral carpal tunnel release. Medications included Advair, Azithromycin, Celebrex, Cyclobenzaprine, Gabapentin, Hydrocodone and Levothyroxine. Prior medications included Naprosyn (ineffective), Tramadol Norco and Ibuprofen. Physical exam (08-26-2015) noted joint tenderness in the wrist joint of the right upper extremity. Gait was normal. In the 08-26-2015 note the treating physician documented opioid contract on file, urine drug screen as expected and no aberrant drug behaviors. On 09-15-2015 the request for the following medications was modified by utilization review: Gabapentin 300 mg # 60 with 2 refills was modified to Gabapentin 300 mg # 60 with no refills Cyclobenzaprine 10 mg # 30 with 2 refills was modified to Cyclobenzaprine 10 mg # 30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60 (2 refills): 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: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs 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 to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. In this case, the clinical documentation does show that the injured worker has neuropathic symptoms and is awaiting surgical treatment. This is a request for Gabapentin until surgical intervention is scheduled. Gabapentin is warranted in this case, however, the request for 2 refills is not supported. The injured worker would need to be reevaluated periodically to determine efficacy of gabapentin to establish medical necessity of refills. The request for Gabapentin 300mg #60 (2 refills) is determined to not be medically necessary.

Cyclobenzaprine 10mg #30 (2 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, the injured worker has chronic pain with no evidence of an acute exacerbation of muscle spasm. Additionally, this request for 2 refills does not imply short-term use. The request for Cyclobenzaprine 10mg #30 (2 refills) is determined to not be medically necessary.