

Case Number:	CM15-0204473		
Date Assigned:	10/21/2015	Date of Injury:	03/27/2012
Decision Date:	12/30/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York
Certification(s)/Specialty: Internal 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 57 year old female, who sustained an industrial injury on 3-27-12. The injured worker is diagnosed with upper extremity overuse syndrome, left wrist scapholunate ligament tear and severe left carpometacarpal joint osteoarthritis. Her disability status is permanent and stationary; she remains off work. Notes dated 7-9-15 and 10-6-15 reveals the injured worker presented with complaints of severe left shoulder pain described as burning and left wrist and thumb pain described as cramping. She reports constant bilateral knee pain described as deep throbbing with a burning sensation. She reports the pain impacts her sleep regimen and ability to engage in activities of daily living. Physical examinations dated 7-9-15 and 10-6-15 revealed tenderness at the carpometacarpal joint of the left hand, left hand grip is 10 pounds vs. the right at 25 pounds and the range of motion is limited in the ulnar deviation. There is tenderness to palpation in the shoulders bilaterally and the Tinel's and Phalen's signs are positive bilaterally. Notes dated 10-6-15 reveal physical therapy and acupuncture were beneficial and provided temporary relief; cortisone injection in the carpometacarpal joint provided temporary relief; medications; Gabapentin (12-2014), Omeprazole (12-2014), Arthrotec, Voltaren, Ibuprofen provide short term benefit; psychotherapy and home exercise. Diagnostic studies include left wrist MRI. A request for authorization dated 10-6-15 for Gabapentin 100 mg #60 with 3 refills, Omeprazole 20 mg #30 with 3 refills, paraffin bath for the left wrist and TENS unit for home use is non-certified, per Utilization Review letter dated 10-9-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60 Refills: 3: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which 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. The records are not clear that this injured worker has neuropathic pain. Neurontin has been part of her medical regimen. However In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining the functional improvement. Medical necessity for Neurontin has not been established. The requested medication: Gabapentin 100mg #60 Refills: 3 is not medically necessary.

Omeprazole 20mg #30 Refills: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Proton pump inhibitors (PPIs).

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Injured worker is on NSAIDs, there is no documentation of GI symptoms or any identifiable risk factors. The Requested Treatment: Omeprazole 20mg #30 Refills: 3 is not medically necessary and appropriate.

Paraffin bath for left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Paraffin wax baths - Forearm, Wrist, & Hand (Acute & Chronic) Chapter.

Decision rationale: Paraffin wax baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials. Medical records indicate previous physical therapy sessions, however, the documentation is not clear about the nature and outcome of such prior treatments. Medical necessity of the requested treatment has not been established. The Requested Treatment: Paraffin bath for left wrist is not medically necessary and appropriate.

TENS unit for home use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Per the CA MTUS guidelines, TENS is recommended for the treatment of chronic intractable pain for the following conditions: diabetic neuropathy and post-herpetic neuralgia, phantom limb pain, complex regional pain syndrome I and II, spasticity in spinal cord injury, and multiple sclerosis pain and muscle spasm. TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. MTUS Guideline does support rental of this unit at the most for one month, but Medical Records are not clear if this injured worker has tried TENS unit in a supervised setting and were there any functional benefits. A treatment plan that includes the specific short and long term goals of treatment with TENS unit cannot be located in the submitted Medical Records. The Requested Treatment TENS unit is not medically necessary and appropriate.