

Case Number:	CM15-0022038		
Date Assigned:	02/12/2015	Date of Injury:	04/26/2012
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on 04/26/2012. He has reported neck pain. The diagnoses have included lateral epicondylitis bilaterally; myofascial pain syndrome; and repetitive strain injury. Treatment to date has included medications and splinting. Medications have included Naproxen, Flexeril, Mentherm, and Omeprazole. Currently, the IW complains of continued pain in the bilateral wrists and bilateral elbows; and some numbness of the bilateral hands. A progress note from the treating physician, dated 12/23/2014, reports objective findings to include tenderness to the bilateral epicondyles; spasm noted in the bilateral forearms; and decreased sensation and range of motion of the bilateral wrists and elbows. The treatment plan has included request for prescription medications listed as Omeprazole, Flexeril, Neurontin, Voltaren XR, and Mentherm Gel. On 01/27/2015 Utilization Review non-certified a prescription for Voltaren XR 100 mg 1 tab PO QD; and modified a prescription for Neurontin 600 mg TID, to Neurontin 600 mg #20. The CA MTUS was cited. On 02/02/2015, the injured worker submitted an application for IMR for review of Voltaren XR 100 mg 1 tab PO QD; and of Neurontin 600 mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100mg 1 tab PO QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Voltaren XR 100 mg does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Voltaren XR. Voltaren XR 100 mg is not medically necessary.

Neurontin 600mg TID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with good evidence or documentation to suggest that the pain is neuropathic and evidence of improved pain control and function with medication use. Neurotnin (gabapentin) 600 mg tid is medically necessary.