

Case Number:	CM15-0025535		
Date Assigned:	02/18/2015	Date of Injury:	07/01/2005
Decision Date:	04/06/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/10/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained an industrial injury to the left elbow on 7/1/05. The injured worker complained of ongoing left upper extremity and neck pain. Treatment included left extensor radialis brevis tendon release and partial ostectomy (12/1/06), left radial tunnel release (5/4/07) and medications. In the most recent progress noted dated 10/8/14, the injured worker complained of pain 4/10 on the visual analog scale. There are objective findings of hypersensitivity, guarding and allodynia of the left upper extremity. Current diagnoses included reflex sympathetic dystrophy of upper limb, cervicgia, depression and forearm joint pain. The treatment plan included continuing Ketoprofen 75 mg twice a day and Wellbutrin XL 150 mg daily, decreasing Gabapentin to 300 mg one to two tabs at bedtime. The following medications were discontinued due to non certification; Capsaicin cream, Dendracin cream, Lamictal, Cyclobenzaprine and Voltaren gel. It was noted that the symptoms had significantly increased since the medications were discontinued. On 1/15/15, Utilization Review noncertified a request for Gabapentin 300mg and Ketoprofen 75mg citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 67-73.

Decision rationale: The CA MTUS guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of high dose NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The records indicate that the patient had significant exacerbation of the CRPS and musculoskeletal pain following discontinuation of most of the pain medications due to non certification. There are significant subjective and objective findings consistent with worsening of the CRPS, neck and elbow pain. The psychosomatic symptoms had also worsened. The criteria for the use of Ketoprofen 75mg were met.

Gabapentin 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 16-22.

Decision rationale: The CA MTUS recommend that anticonvulsant medications can be utilized as first line treatment for neuropathic pain. Anticonvulsants can also be utilized for the treatment of chronic pain syndrome associated with psychosomatic symptoms. The records indicate that the patient was diagnosed with symptomatic CRPS (RSD) of the upper extremities. There are associated diagnoses of depression. There is documentation of exacerbation of subjective and objective findings of CRPS pain following discontinuation of the topical compound medications. The patient reported improved ADL consistent with efficacy and functional restoration with the use of Gabapentin. The criteria for the use of gabapentin 300mg were met.