

Case Number:	CM15-0025564		
Date Assigned:	02/18/2015	Date of Injury:	08/22/2013
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
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: 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 32-year-old female who reported an injury on 08/22/2013. The diagnoses included shoulder sprain and strain and elbow sprain and strain. The injured worker underwent an MRI of the right elbow. The mechanism of injury was repetitive activities of the upper extremities. The injured worker underwent therapeutic exercises, a paraffin bath, massage therapy, and acupuncture. The most recent documentation was dated 09/10/2014. The documentation indicated the injured worker had moderate, dull, achy right shoulder pain and moderate, dull, achy right elbow pain. The physical examination revealed muscle spasm of the right anterior shoulder and posterior shoulder. There was tenderness to palpation of the anterior and posterior shoulder. Regarding the right elbow, there was tenderness to palpation of the anterior elbow, lateral elbow, medial elbow, and posterior elbow. The Cozen's was positive. The treatment plan included omeprazole 20 mg #60; naproxen 550 mg #60; tramadol 50 mg #60; and compounded topical creams, including gabapentin and flurbiprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. The clinical documentation submitted for review failed to provide documentation of neuropathic pain and the date of the initial use of gabapentin could not be established. There was a lack of documented rationale to support the necessity for the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 400 mg #60 is not medically necessary.

Alprazolam 1mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documented rationale for the use of this medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documented rationale, the request for alprazolam 1 mg #60 is not medically necessary.

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker treatment goals. The duration of use could not be established. The clinical documentation submitted for review failed to provide documentation of an objective improvement in function and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550 mg #60 is not medically necessary.