MAXIMUS Federal Services

Case Number:	CM15-0212523		
Date Assigned:	11/02/2015	Date of Injury:	06/09/2010
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 08-09-2010. She has reported injury to the neck, left shoulder, bilateral wrists, and right ankle. The diagnoses have included cervicothoracic strain-arthrosis; left shoulder impingement syndrome with history of calcific tendinosis; bilateral carpal tunnel syndrome, left greater than right; possible mild left cubital tunnel syndrome; and status post right ankle strain with possible peroneal nerve neuritis. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Ibuprofen, Gabapentin, and Ibuprofen cream. A progress note from the treating physician, dated 09-16-2015, documented a follow-up visit with the injured worker. The injured worker reported that she still wants the carpal tunnel release done for the left side. Objective findings included left-sided thenar weakness; there is no intrinsic weakness; and she did have positive Tinel's and Phalen signs at the left wrist. The treatment plan has included the request for Gabapentin 300mg #90; and Ibuprofen 800mg #60. The original utilization review, dated 10-02-2015, non-certified the request for Gabapentin 300mg #90; and Ibuprofen 800mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: 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 rationale: The claimant sustained a work injury in August 2010 while working as a housekeeper with injuries to the neck, left shoulder, right ankle, and bilateral wrists. She has bilateral carpal tunnel syndrome and left carpal tunnel release surgery is being requested. When seen, she wanted to undergo the procedure. Physical examination findings included left-sided thenar muscle weakness. Left Tinel's and Phalen's tests were positive. Motrin and gabapentin were refilled. She was taking both medications only as needed. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no titration was being planned. It would not be effectively taken on an as needed basis. Ongoing prescribing is not medically necessary.

Ibuprofen 800mg #60: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in August 2010 while working as a housekeeper with injuries to the neck, left shoulder, right ankle, and bilateral wrists. She has bilateral carpal tunnel syndrome and left carpal tunnel release surgery is being requested. When seen, she wanted to undergo the procedure. Physical examination findings included left-sided thenar muscle weakness. Left Tinel's and Phalen's tests were positive. Motrin and gabapentin were refilled. She was taking both medications only as needed. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the claimant has chronic persistent pain. The requested dosing is within guideline recommendations and is considered medically necessary. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended without documented efficacy of this medication at the current dose and no titration was being planned. It would not be effectively taken on an as needed basis. Ongoing prescribing is not medically necessary.