MAXIMUS Federal Services

Case Number:	CM15-0212624		
Date Assigned:	11/03/2015	Date of Injury:	04/10/2013
Decision Date:	12/15/2015	UR Denial Date:	10/05/2015
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 49 year old female who sustained an industrial injury on 04-10-2013. Medical records indicated the worker was treated for injury to the right elbow and is status post arthrotomy of the right elbow (07-27-2015). Two views of x-rays of the right elbow and three views of the right forearm show no increase in osteoarthritis. In the provider notes of 09-09-2015, the injured worker complains of pain in the right elbow that is rated at a three on a scale of 0-10, she states it is worse since last visit. The right elbow has moderate pain and tenderness. The treatment plan is for additional physical therapy sessions, an interferential unit for rental and purchase, and prescription of topical cream and oral medications. A request for authorization was submitted for:1. Gabapentin/Pyridoxine 250mg/10mg, #602. Kera Tek gel 4oz A utilization review decision 10-05-2015 non-certified both requests however, due to the nature of the Gabapentin-pyridoxine, weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin/Pyridoxine 250mg/10mg, #60: Upheld

Claims Administrator 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, compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, p137.

Decision rationale: The claimant sustained a work injury to the right elbow in April 2013 when she had pain while lifting a box. She was treated for lateral epicondylitis and underwent an arthrotomy in July 2015. Two days after surgery she was doing well. Postoperative physical therapy was recommended. When seen in September 2015 she was feeling worse since her previous visit. She had pain rated at 3/10. Physical examination findings included moderate elbow tenderness. Authorization for additional physical therapy was requested. Medications were prescribed including gabapentin/pyridoxine 250/10 mg #60 and topical compounded cream. Authorization was also requested for KeraTek gel. 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. In this case, the claimant is not having neuropathic pain. A vitamin such as pyridoxine (B6) would not be recommended in the absence of a documented deficiency or other nutritional deficit state. The requested medication is not medically necessary for this reason as well.

Kera Tek gel 4oz: Overturned

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

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

Decision rationale: The claimant sustained a work injury to the right elbow in April 2013 when she had pain while lifting a box. She was treated for lateral epicondylitis and underwent an arthrotomy in July 2015. Two days after surgery she was doing well. Postoperative physical therapy was recommended. When seen in September 2015 she was feeling worse since her previous visit. She had pain rated at 3/10. Physical examination findings included moderate elbow tenderness. Authorization for additional physical therapy was requested. Medications were prescribed including gabapentin/pyridoxine 250/10 mg #60. Authorization was also requested for KeraTek gel. The active ingredients of Keratek gel are menthol and methyl salicylate. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as [redacted]. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has localized pain after surgery likely amenable to topical treatment. Generic medication is available. The request is medically necessary.