

Case Number:	CM15-0218278		
Date Assigned:	11/10/2015	Date of Injury:	06/23/2014
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/05/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 24 year old male, who sustained an industrial injury on June 23, 2014. He reported an injury to his left index finger. The injured worker was diagnosed as having laceration of left index finger and finger contusion. Treatment to date has included finger splint, Gabapentin and ibuprofen. On September 29, 2015, initial consultation report notes indicated that the injured worker complained of left index finger pain described as achy, stabbing and throbbing. The pain was rated as a 7 on a 1-10 pain scale. Notes stated that he experienced those symptoms since the date of injury. Physical examination of the left index finger revealed tenderness upon palpation and painful range of motion. The treatment plan included Neurontin, Voltaren gel and a follow-up visit. On October 21, 2015, utilization review modified a request for Neurontin 300mg #90 with one refill to Neurontin 300mg #90. A request for Voltaren gel #1 was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Neurontin 300mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The requested 1 prescription of Neurontin 300mg #90 with 1 refill is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has left index finger pain described as achy, stabbing and throbbing. The pain was rated as a 7 on a 1-10 pain scale. Notes stated that he experienced those symptoms since the date of injury. Physical examination of the left index finger revealed tenderness upon palpation and painful range of motion. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, 1 prescription of Neurontin 300mg #90 with 1 refill is not medically necessary.

1 prescription of Voltaren gel #1: Upheld

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 requested 1 prescription of Voltaren gel #1 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents. The injured worker has left index finger pain described as achy, stabbing and throbbing. The pain was rated as a 7 on a 1-10 pain scale. Notes stated that he experienced those symptoms since the date of injury. Physical examination of the left index finger revealed tenderness upon palpation and painful range of motion. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 1 prescription of Voltaren gel #1 is not medically necessary.