

Case Number:	CM15-0033311		
Date Assigned:	02/26/2015	Date of Injury:	01/06/2014
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 44 year old female with an industrial injury dated January 6, 2014. The injured worker diagnoses include right posttraumatic carpal tunnel syndrome with prior history of carpal tunnel syndrome and left carpal tunnel syndrome- compensatory. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated January 21, 2015, the injured worker reported persistent numbness and tingling in her hands and burning and aching pain in the right shoulder, right arm and right hand. Physical exam revealed right hand and left wrist tenderness. Carpal compression test, Tinel sign, and Phalen sign were positive. The treating physician prescribed Gabapentin 600 mg, 240 count and Naproxen 550 mg, 200 count. Utilization Review determination on February 10, 2015 denied the request for Gabapentin 600 mg, 240 count and Naproxen 550 mg, 200 count, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, 200 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #200 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are right posttraumatic carpal tunnel syndrome with prior history of carpal tunnel syndrome; and left carpal tunnel syndrome, compensatory. The documentation from the treating orthopedist according to a progress note dated January 21, 2015 states the injured worker has subjective symptoms of numbness and tingling in the hand and wrist. The injured worker is not receiving concurrent physical therapy. Objectively, there is no neurologic evaluation of the upper extremities. The medical record contains 45 pages. The documentation shows the injured worker was taking Diclofenac according to a December 17th 2014 progress note (according to the utilization review). There was no December 17, 2014 progress note of the medical record. There is no clinical indication or clinical rationale in the medical record for changing Diclofenac to Naproxen 550 mg. There is no documentation of objective functional improvement that relates to ongoing Diclofenac. Consequently, absent clinical documentation with evidence of objective functional improvement with Diclofenac and a clinical indication or rationale for change to Naproxen 550 mg, Naproxen 550 mg #200 is not medically necessary.

Gabapentin 600 mg, 240 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #240 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are right posttraumatic carpal tunnel syndrome with prior history of carpal tunnel syndrome; and left carpal tunnel syndrome, compensatory. The documentation from the treating orthopedist according to a progress note dated January 21, 2015 states the injured worker has subjective symptoms of numbness and tingling in the hand and wrist. The injured worker is not receiving concurrent physical therapy. Objectively, there is no neurologic evaluation of the upper extremities. The

medical record contains 45 pages. Documentation (according to the utilization review) shows the injured worker received a prescription with one refill for Gabapentin 600 mg on December 17, 2014. The request for authorization for an additional #120 Gabapentin 600 mg with one refill was premature at the time of the request for authorization. Additionally, there was no documentation demonstrating objective functional improvement with Gabapentin with which to gauge its efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Gabapentin in addition to a premature request, Gabapentin 600 mg #240 is not medically necessary.