MAXIMUS Federal Services

Case Number:	CM15-0041143		
Date Assigned:	03/11/2015	Date of Injury:	12/06/2012
Decision Date:	04/21/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/04/2015

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 60-year-old male, who sustained an industrial injury on 12/06/2012. He reported hitting his left hip and arm after slipping on wet ground. The injured worker is now diagnosed as having ulnar neuropathy, thoracic back sprain, arthritis of elbow, and sprain of shoulder. Treatment to date has included arthroscopy and debridement of left elbow, bracing, physical therapy, nerve conduction studies, and medications. In a progress note dated 01/27/2015, the injured worker presented with complaints of left shoulder/forearm/elbow and low back pain. The treating physician reported the injured worker has persistent pain despite elbow surgery and using Etodolac with moderate improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3% 100 gram tube, three count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Per the 01/27/15 report, the patient presents with listed diagnoses of ulnar neuropathy, thoracic back sprain, arthritis of elbow, and sprain of shoulder. The current request is for: DICLOFENAC 3% 100 GRAM TUBE, THREE COUNT per the 01/27/15 report. The RFA is not included. The report does not state if the patient is currently working. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents."Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. The 01/27/15 report shows this medication is prescribed for arthritis of the elbow and it appears the patient is just starting this medication. Guidelines state that the currently requested medication is indicated for peripheral joint arthritis. The request IS medically necessary.

Gabapentin 100mg/cap, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

Decision rationale: Per the 01/27/15 report, the patient presents with listed diagnoses of ulnar neuropathy, thoracic back sprain, arthritis of elbow, and sprain of shoulder. The current request is for GABAPENTIN 100mg/CAP, 120 COUNT per the 01/27/15 report. The RFA is not included. The 02/23/15 utilization review states that this request for Gabapentin is certified as it is reasonable and a medical necessity. It is unclear why it has been submitted for Independent Review. The report does not state if the patient is currently working. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Per the 01/27/15 report it appears the patient is just starting this medication and it is prescribed for ulnar neuropathy. The MTUS guidelines state this medication is indicted as first-line treatment for neuropathic pain. The request IS medically necessary.