

Case Number:	CM15-0042795		
Date Assigned:	03/12/2015	Date of Injury:	07/18/2014
Decision Date:	04/15/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/06/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 79 year old, male patient, who sustained an industrial injury on 07/18/2014. A primary treating office visit dated 02/13/2015, reported chief complaint of right thumb pain. The pain is noted constant, throbbing in nature and rated a 6-7 out of ten in intensity. Physical examination found right upper extremity mild soft tissue deformity medial distal thumb with hyperpigmented nail, no swelling or redness and decreased right distal flexion due to pain. Allodynia of distal thumb. The following diagnoses are applied; chronic pain, neuralgia and neuritis, pain in thumb/limb. Prior treatment included physical therapy. Prescriptions were given for Voltaren gel and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Voltaren gel 1%, #1 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Voltaren gel is recommended for treatment of osteoarthritis in joints for which lend themselves to topical treatment such as ankle, knee, elbow, wrist, hand and foot. It is not studies for use on spine, hip and shoulder. Voltaren gel for application to the thumb is medically indicated.

Prescription of Gabapentin 100mg, #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 18-19.

Decision rationale: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for neuropathic chronic pain and is medically indicated.