

Case Number:	CM15-0051037		
Date Assigned:	03/24/2015	Date of Injury:	11/09/2009
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, California
 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:

This is a 56 year old female patient who sustained an industrial injury on 11/9/09. Diagnoses include carpal tunnel syndrome bilaterally, status post decompression on the right, surgery denied on the left, although symptomatology is worse on the left; carpometacarpal joint inflammation of the thumb bilaterally associated with atrophy on the right and weakness to the thumb, palmer abduction on the right; bilateral wrist joint inflammation; stenosing tenosynovitis along the first extensor bilaterally with negative Finklestein test with evidence of nodularity along the sheath to the first extensor on the right; stenosing tenosynovitis along the A1 pulley of the long and ring finger on the right; mild depression; sleep disorder and weight gain. Per the doctor's note dated 2/3/2015, she had complains of pain, spasms, weakness, numbness and tingling and decreased grip in both hands, the right worse than the left with pain intensity 4-5/10. She has decreased ability to perform activities of daily living due to decreased grasp and grip strength. She experiences sleep disturbances due to pain. The physical examination revealed right/left wrist range of motion- flexion 25/30 and extension 20/25 degrees; tetanus on the right carpal tunnel and positive falantus on the left. The medications list includes Norco, nalfon, Neurontin, Protonix, LidoPro cream and Tramadol. Medications offer noticeable relief and enable her to be functional. She has had diagnostics studies including electromyography dated 11/19/12 which revealed bilateral carpal tunnel syndrome after surgery. She has undergone right carpal tunnel release. Treatments include medications, thumb splint, carpal tunnel brace left and right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin QTY: 90: 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 Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

Decision rationale: Request: Neurontin QTY: 90. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) 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 cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study" Per the records provided patient had bilateral hand pain with numbness and tingling with history of right carpal tunnel release surgery. Patient is having significant objective findings on physical examination- spasms, weakness and decreased grip. The EMG/NCS study revealed bilateral carpal tunnel syndrome. This is evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Neurontin QTY: 90 is medically appropriate and necessary for this patient.

Protonix QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Request: Protonix QTY: 60. Protonix contains pantoprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events". Patients at high risk for gastrointestinal events." Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Protonix QTY: 60 is not established for this patient.

Lidopro Cream QTY: 1: Upheld

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

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

Decision rationale: Request: Lidopro Cream QTY: 1. Lidopro is a topical compound cream, which contains capsaicin, lidocaine, menthol and methylsalicylate. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).Non-neuropathic pain: Not recommended". Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking neurontin. Failure of antidepressants and anticonvulsants is not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Capsaicin and Lidocaine are not recommended in this patient for this diagnosis as cited. There is no evidence to support the use of menthol in combination with other topical agents. The medical necessity of Lidopro Cream QTY: 1 is not fully established for this patient.