

Case Number:	CM15-0086998		
Date Assigned:	05/11/2015	Date of Injury:	05/13/2011
Decision Date:	06/16/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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: Iowa

Certification(s)/Specialty: Preventive Medicine, Occupational 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 38-year-old male who sustained an industrial injury on 5/13/11. The injured worker was diagnosed as having right lateral epicondylitis, status post right wrist arthroscopy with partial synovectomy, status post reconstruction of right volar radial ulnar ligament with palmaris longus tendon graft and mersilene and status post autologous blood injection on the right elbow. Currently, the injured worker was with complaints of right upper extremity discomfort. Previous treatments included surgical intervention, medication management, activity modification and home exercise program and acupuncture treatment. Physical examination was notable for medial epicondyle tender to palpation and pain noted with range of motion; right upper extremity decreased grip strength noted. The plan of care was for a consultation and medication prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Neurontin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Gabapentin. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

Decision rationale: According to MTUS guidelines, Gabapentin is a first-line treatment for neuropathic pain, and should only be continued when there is a clear documented improvement in pain. It is not recommended for other types of chronic pain. A trial period is recommended, and if inadequate control of pain is found, MTUS recommends switching to another first-line drug. Combination therapy is only recommended if there is no change with first-line therapy and evidence shows significant improvement on the medications. ODG also recommends primary treatment for neuropathy, and that if inadequate control is found to switch to another first-line drug. The patient appears to have been on this medication for an extended period of time. The medical documentation does not provide objective measures of improvement in pain symptoms while on this medication, or objective evidence of a neuropathic basis for the chronic pain. There is also no specific information available on the prescription other than the drug name. Therefore, the request for Neurontin (unknown prescription) is not medically necessary.

One (1) consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 15.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 40-46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Surgical Consultation.

Decision rationale: According to MTUS guidelines, ACOEM recommends surgical consultation for patients who have significant limitations of activity for more than 3 months, fail to improve with exercise programs to increase range of motion and strength, or clear clinical and electrophysiologic or imaging evidence of a lesion that has been shown to benefit from surgical repair. ODG recommends that orthopedic surgical consultation may be recommended after failure of conservative treatment and indication of a surgically correctable condition. The medical documentation indicates the patient has already undergone surgical intervention to include elbow reconstruction. There is somewhat limited rationale and information on the consultation, and few recent objective findings detailing the need for consultation. The documentation does state in one place that the consultation is for a second opinion with an orthopedic specialist. The patient does not appear to be significantly improving on the current regimen, and continues to have significant limitations in the post-operative phase. Given this, referral appears to be a reasonable request to ensure other options are considered. Therefore, I am reversing the prior UR decision, and the request for consultation (orthopedic) is medically necessary.