

Case Number:	CM15-0234914		
Date Assigned:	12/10/2015	Date of Injury:	04/01/2013
Decision Date:	01/21/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/01/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 53 year old female, who sustained an industrial injury on 4-1-13. The injured worker is diagnosed with right elbow lateral epicondylitis and right shoulder lesions. Her work status is modified duty. Notes dated 8-20-15, 10-8-15 and 11-12-15 reveals the injured worker presented with complaints of constant right forearm pain and constant left shoulder and arm pain. Physical examinations dated 7-27-15, 10-8-15 and 11-12-15 revealed right elbow tenderness to palpation at the lateral and medial epicondyle. Pain is elicited with resisted wrist flexion and extension. There is restricted bilateral shoulder movement (left greater than right). The left shoulder Hawkins test is positive as is the shoulder crossover test, empty cans test, lift off test and spring back test. There is tenderness to palpation at the subdeltoid bursa. Treatment to date has included ice and rest. Acupuncture was too painful to tolerate and did not provide relief and a lateral epicondyle cortisone injection provide pain relief for 1 day, per note dated 11-12-15. A TENS unit has provided moderate relief, per note dated 10-8-15. Kinesio tape is helpful and provides temporary relief, per note dated 7-21-15. Her medication regimen includes Norco, Advil, Icy Hot Stick (11-2015) and Gabapentin (7-2015), which helps reduce her pain and improve her sleep. She was unable to take Cymbalta, due to side effects, or Lyrica, due to mouth ulcers and drowsiness, per note dated 11-12-15. Diagnostic studies include right elbow MRI. A request for authorization dated 11-12-15 for Gabapentin 100 mg #90 with 1 refill and Icy Hot Stick 30-10% #1 with 1 refill is denied, per Utilization Review letter dated 11-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #90, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The submitted documentation indicated the worker was experiencing right arm pain with weakness and problems sleeping. The recorded pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no report of how this medication improved pain or function or describing special circumstances that sufficiently supported this request. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. In the absence of such evidence, the current request for 90 tablets of gabapentin 100mg with one refill is not medically necessary.

Icy Hot Stick 30-10% #1, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Icy Hot webpage. <http://www.icyhot.com/stick>, accessed 01/15/2016.

Decision rationale: Icy Hot stick is a solid compound containing 10% menthol and 30% methyl salicylate. These medications are in the topical general pain reliever (menthol) and the non-steroidal anti-inflammatory (NSAID; methyl salicylate) classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. They are specifically not recommended for use at the spine, hip, or shoulder areas. Topical menthol is not recommended by the MTUS Guidelines. There was no discussion detailing extenuating circumstances that sufficiently supported the use of the requested compound in this setting. In the absence of such evidence, the current request for one Icy Hot stick (topical compound containing 10% menthol and 30% methyl salicylate) with one refill is not medically necessary.