

Case Number:	CM14-0133551		
Date Assigned:	08/27/2014	Date of Injury:	01/26/2013
Decision Date:	09/30/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/21/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of January 26, 2013. Medical records from 2013 to 2014 were reviewed. The patient was being treated for multiple chronic upper extremity complaints. Present complaints include persistent pain along the neck, upper shoulders, elbows, wrists; elbow numbness and tingling; weakness in the upper extremities; and shoulder and trapezius stiffness and tightness. Physical examination showed tenderness over the right shoulder; positive grind test; lateral elbow tenderness, right worse than left; and mild positive Phalen's and Tinel's bilaterally. The diagnoses were right shoulder impingement syndrome with superior labral tear from anterior to posterior (SLAP) lesion; bilateral chronic lateral epicondylitis; bilateral carpal tunnel syndrome; bilateral wrist joint inflammation with element of overuse of upper extremity; extensor carpi ulnaris tendinitis on the right side and radioulnar joint inflammation; and carpometacarpal joint inflammation of the left thumb. Treatment to date has included Norco, Topamax, Flexeril, gabapentin, physical therapy, chiropractic therapy, injections, carpal tunnel release, heat/cold modality, and TENS. Utilization review from August 11, 2014 denied the requests for gabapentin and Flexeril because medical records do not indicate any appreciable benefit from prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin (300mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-18; 49.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. In this case, Gabapentin intake was noted as far back as January 2013, and restarted on January 2014. However, response to the medication was not discussed. The medical records do not clearly reflect continued functional benefit from its use. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Therefore, the request is not medically necessary.

Flexeril (10mg, #30): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, Flexeril intake was noted as far back as July 2013. However, muscle spasm and acute exacerbation of pain were not evident in the records submitted. Moreover, long-term use is not recommended. The medical necessity for continued use was not established. Therefore, the request is not medically necessary.