

<b>Case Number:</b>	CM14-0149966		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 50 year old female with a date of injury on 4/10/2006. Diagnoses include tenosynovitis of the wrist; trigger finger, and carpal tunnel syndrome. Subjective complaints are of chronic pain in the thumbs, with radiation into the forearm. Writing, gripping and twisting increases pain at the base of the thumbs. Physical exam shows tenderness over the MC-C joints, without instability. Thumb flexion causes increased discomfort. Medications include hydrocodone/apap, gabapentin, and Celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-Acetaminophen with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, no documentation

is present of MTUS opioid compliance guidelines, including risk assessment, attempts at weaning, and ongoing efficacy of medication. For this patient, there is no demonstrated improvement in pain or function from long-term use. Therefore, the requested hydrocodone is not medically necessary.

**Gabapentin 300mg with 2 refills:** Upheld

**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 AEDs Page(s): 16.

**Decision rationale:** CA MTUS indicates that gabapentin is an anti-seizure medication that is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The continued use of an antiepileptic drug (AED) for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify any documentation that demonstrated objective neuropathic pain. Also, pain relief or functional improvement was not documented specific to this medication. Therefore, the medical necessity for gabapentin is not established.

**Celecoxib 200mg with 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** CA MTUS recommends non-steroidal anti-inflammatory drugs (NSAIDS) at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief, and appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. For this patient, moderate pain is present in the bilateral thumbs/hands. Therefore, the requested Celebrex is consistent with guideline recommendations, and the medical necessity is established.