

Case Number:	CM14-0166369		
Date Assigned:	10/13/2014	Date of Injury:	03/15/2012
Decision Date:	11/13/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 59-year-old female with the date of injury of 03/15/2012. The patient presents with pain in her shoulders, wrists, and right knee from a falling injury. She reports experiencing tingling or numbing sensations in her arms or hands bilaterally. She describes her pain as constant, throbbing, sharp, stabbing and shooting pain. She rates her pain as 9/10 on the pain scale without pain medication. Exam reveals that negative Spurling test, negative impingement sign at bilateral shoulders, and positive Tine's and Phalen's tests at bilateral wrists. She is currently taking Neurontin 600mg three times per day, Motrin 800mg three times per day, and Biofreeze. According to [REDACTED] report on 09/05/2014, diagnostic impressions are: 1) S/P work related injury on 03/15/2012 2) S/P left moderate carpal tunnel syndrome arthroscopic release on 11/15/2012 with persistent residual pain and paresthesia 3) Right moderate carpal tunnel syndrome, s/p surgical release on 01/09/2014 4) Bilateral lateral epicondylitis 5) Bilateral wrists tendinitis 6) Reported bilateral shoulder pain from the injury of 03/15/2012. The utilization review determination being challenged is dated on 09/22/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 08/05/2013 to 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg one tab three times a day #270 (3 month supply) prescribed 7/15/14:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Medications for chronic pain Page(s): 18, 19, 60, 61.

Decision rationale: The MTUS guidelines page 18 and 19 states that "'Gabapentin (Neurontin, Gaborone, generic available) 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." EMG/ NCS Bue study from 08/05/2013 reveals Electrodiagnostic evidence with right moderate carpal tunnel syndrome and left C6-7 mild nerve root irritation at the paraspinal muscles. The patient appears to have a neuropathic pain component, with positive neurological findings on examination. However, the efficacy of Gabapentin seems to have been diminished. According to [REDACTED] report on 07/11/2014, the patient started taking Gabapentin 300mg on 02/17/2013 and increased Gabapentin to 600mg on 04/07/2014. However, the treater does not discuss that it is working better in improving pain and function. There is a request for #270, what appears to be a three-month supply but the treater does not document efficacy of the increased dosage to warrant three month supply. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Therefore, Gabapentin 600mg one tab three times a day #270 (3 month supply) prescribed 7/15/14 is not medically necessary.

Motrin 800mg one tab three times a day #270 (3 month supply) prescribed 7/15/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin, Advil [OTC]).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68.

Decision rationale: The MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term sympathetic relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Motrin or how Motrin has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic NSAIDs use, therefore, Motrin 800mg one tab three times a day #270 (3 month supply) prescribed 7/15/14 is not medically necessary.

Cyclobenzaprine 10mg one tab twice a day #180 (3 month supply) prescribed 7/15/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): recommended for a short-course of therapy."The treater's reports do not contain any indication of exactly when the patient began taking Cyclobenzaprine, how long the patient had been taking Cyclobenzaprine, or how Cyclobenzaprine had been helpful in terms of decreased pain or functional improvement. The treater does not indicate that this medication is to be used for a short-term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare-up. Therefore, Cyclobenzaprine 10mg one tab twice a day #180 (3 month supply) prescribed 7/15/14 is not medically necessary.