

Case Number:	CM14-0171326		
Date Assigned:	10/23/2014	Date of Injury:	02/21/2013
Decision Date:	12/02/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for hand and wrist pain reportedly associated with an industrial injury of February 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier right carpal tunnel release surgery; and unspecified amounts of occupational therapy. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve requests for Tylenol with Codeine, Motrin, and Neurontin. The applicant's attorney subsequently appealed. In a progress note dated October 6, 2014, handwritten, difficult to follow, not entirely legible, the applicant was described as status post right ulnar nerve transposition and carpal tunnel release surgery on June 26th. The applicant was asked to pursue occupational therapy. Neurontin was endorsed. The applicant's work status was not furnished. There was no discussion of medication efficacy. The note was quite sparse. In an earlier note dated April 21, 2014, the applicant was described as having issues with ulnar neuritis and carpal tunnel syndrome. It was acknowledged that the applicant was not working and had not worked since June 2013. In a handwritten note dated August 12, 2014, the applicant was asked to undergo occupational therapy for desensitization purposes for the elbow and wrist. The note was very difficult to follow. The applicant's medication list was not included, nor there was any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine PRN #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is not working and does not appear to have worked since several years. The attending provider's handwritten progress note contained no discussion of medication efficacy. There was no mention of any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Tylenol No. 3 usage. Therefore, the request was not medically necessary.

Motrin 800mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, as are present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not outlined any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Motrin usage. The fact that the applicant is off of work, on total temporary disability, and remains dependent on opioid agents such as Tylenol with Codeine, taken together, suggests that previous usage of Motrin was not altogether successful. Therefore, the request was not medically necessary.

Gabapentin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have

been improvements in pain and/or function with the same. In this case, however, the attending provider has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing gabapentin usage. The fact that the applicant remains off of work, however, coupled with the fact that ongoing usage of gabapentin seemingly failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3, however, did not make a compelling case for continuation of the same, and, furthermore, suggested a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.