

Case Number:	CM14-0199255		
Date Assigned:	12/09/2014	Date of Injury:	05/17/2013
Decision Date:	01/22/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 37-year-old female with a 5/17/13 date of injury. At the time (11/20/14) of the Decision for BenGay roll-on, TENS patch x 2, Labs: CBC, CMP, Liver & Kidney, and Gabapentin 100mg #90, there is documentation of subjective (chronic wrist, hands, neck and shoulder pain) and objective (tenderness to palpation over the cervical spine) findings, current diagnoses (right hand joint pain, cervical sprain/strain with numbness and tingling, cervical radiculopathy, myofascial pain, cervical degenerative disc disease, and left wrist tear/right shoulder tendinopathy), and treatment to date (TENS unit, Acupuncture, and medications (including ongoing treatment with Gabapentin)). Regarding BenGay roll-on, there is no documentation that trials of antidepressants and anticonvulsants have failed. Regarding TENS patch x 2, there is no documentation of how often the TENS unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Regarding Labs: CBC, CMP, Liver & Kidney, there is no documentation of a clearly stated rationale identifying the medical necessity of the requested Labs: CBC, CMP, and Liver & Kidney. Regarding Gabapentin 100mg #90, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

BenGay roll-on: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. Within the medical information available for review, there is documentation of diagnoses of right hand joint pain, cervical sprain/strain with numbness and tingling, cervical radiculopathy, myofascial pain, cervical degenerative disc disease, and left wrist tear/right shoulder tendinopathy. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for BenGay roll-on is not medically necessary.

TENS patch x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 113-117.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of right hand joint pain, cervical sprain/strain with numbness and tingling, cervical radiculopathy, myofascial pain, cervical degenerative disc disease, and left wrist tear/right shoulder tendinopathy. In addition, there is documentation of previous treatment with TENS unit. However, there is no documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use). Therefore, based on guidelines and a review of the evidence, the request for TENS patch x 2 is not medically necessary.

Labs: CBC, CMP, Liver & Kidney: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Necessity of Laboratory Tests (http://www.healthcarecompliance.info/med_nec.htm)

Decision rationale: MTUS and ODG do not address the issue. Medical Treatment Guideline necessitate documentation of a clearly stated rationale identifying why laboratory tests are needed, as criteria necessary to support the medical necessity of blood tests. Within the medical information available for review, there is documentation of diagnoses of right hand joint pain, cervical sprain/strain with numbness and tingling, cervical radiculopathy, myofascial pain, cervical degenerative disc disease, and left wrist tear/right shoulder tendinopathy. However, there is no documentation of a clearly stated rationale identifying the medical necessity of the requested Labs: CBC, CMP, Liver & Kidney. Therefore, based on guidelines and a review of the evidence, the request for Labs: CBC, CMP, Liver & Kidney is not medically necessary.

Gabapentin 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right hand joint pain, cervical sprain/strain with numbness and tingling, cervical radiculopathy, myofascial pain, cervical degenerative disc disease, and left wrist tear/right shoulder tendinopathy. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 100mg #90 is not medically necessary.