

Case Number:	CM14-0211773		
Date Assigned:	12/24/2014	Date of Injury:	10/21/2002
Decision Date:	02/19/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old female with a 12/21/02 date of injury. The patient was seen on 11/06/14 with complaints of a cyst in the palmar surface of the hand. She was scheduled for an excision on 11/17/14. Exam findings revealed a tender nodule around the fourth metacarpal head with a positive Tinel's sign and Finkelstein's test. Her medications at that time were Norco 4 tablets daily, Anaprox 2 tablets daily, and Neurontin PRN. Her pain she rated a 3/10 with her medications and a 7.10 without them. The patient was able to perform her ADL's and a home exercise program (HEP). Her treatment to date included medications. The UR decision dated 11/26/14 denied the request for Anaprox as there was no evidence of functional improvement. The request for Neurontin and was modified to 600 mg #60 tablets as the patient did not display signs of neuropathic pain, and Norco was modified to 5/325 #30 tablets. to allow for weaning as there was no evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. This patient has a tender nodule in her hand and is in pain; however, there is a lack of evidence regarding whether this has helped her pain. Therefore, the request for Norco 5.325 #120 as submitted is not medically necessary.

Anaprox DS 550mg #60: 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.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when non-steroidal anti-inflammatory drugs (NSAIDs) are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient has a tender nodule and cyst in her hand and the use of anti-inflammatories in this case is appropriate. Therefore, the request for Anaprox DS 550mg #60 is medically necessary.

Neurontin 600mg #120: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient has a nodular cyst in her hand. There is a lack of evidence that over the last two years it has been of any benefit. There is no objective evidence of neuropathy. This patient has a tender nodule and cyst in her hand and the use of anti-inflammatories in this case is appropriate. Therefore, the request for Neurontin DS 550mg #60 as submitted is not medically necessary.

