

Case Number:	CM14-0212612		
Date Assigned:	12/30/2014	Date of Injury:	05/12/2011
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/18/2014

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 54-year-old female with a 5/12/11 date of injury. The patient injured her bilateral wrists from repetitive keyboard use. According to a progress report dated 11/11/14, the patient complained of aching and burning pain from the elbows down to the hands with numbness and tingling from the fourth and fifth finger radiating up to the elbow. She has been taking Norco, Tramadol ER, Naproxen, and Gabapentin with good benefit. She stated that her pain levels were 7-8/10 but coming down to 3-4/10. Pain was worse with prolonged positions, decreased with change in positions, lying down, medication, and heat. Objective findings: positive Tinel's at left elbow, decreased sensation of the fourth and fifth finger, tenderness all along the wrist and forearm, full range of motion. Diagnostic impression: forearm/wrist/elbow tendonitis, status post bilateral carpal tunnel release (2011 and 2012) with persistent symptoms, bilateral cubital tunnel release (2013) with persistent symptoms, myalgia, chronic pain syndrome. Treatment to date: medication management, activity modification, TENS unit, and physical therapy. A UR decision dated 11/21/14 denied the request for 60 tablets of Naproxen 550mg and certified the requests for 30 tablets of Tramadol ER 150mg, 60 tablets of Norco 10/325, and 30 tablets of Gabapentin 600mg for weaning purposes. Regarding Tramadol ER and Norco, there is a lack of documentation indicating the injured worker has significant objective functional improvement with the medications. Additionally, the request does not indicate the frequency at which the medication is prescribed. Regarding Naproxen, there is a lack of documentation indicating the injured worker has been diagnosed with osteoarthritis and there is a lack of documentation of her pain level. Regarding Gabapentin, there is lack of documentation demonstrating significant

reduction of pain with Gabapentin. Additionally, the request does not indicate the frequency at which the medication is prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Naproxen 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - NSAIDS.

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 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. In the present case, it is noted that she has had good benefit with her medications. She also stated that medications decreased her pain. Guidelines support the continued use of NSAID medications with evidence of functional improvement. Therefore, the request for 60 tablets of Naproxen 550mg is medically necessary.

60 tablets of Tramadol ER 150mg: 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 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. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, a urine drug screen dated 11/10/14 was inconsistent for Tramadol use. There is no documentation that the provider has addressed this issue. Therefore, the request for 60 tablets of Tramadol ER 150mg is not medically necessary.

120 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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. However, given the 2011 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Therefore, the request for 120 tablets of Norco 10/325mg is not medically necessary.

90 tablets of Gabapentin 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18 & 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptic Drugs, Gabapentin Page(s): 16-18, 49. Decision based on Non-MTUS Citation FDA (Neurontin).

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. In the present case, this patient had complaints of aching and burning pain from the elbows down to the hands with numbness and tingling from the fourth and fifth finger radiating up to the elbow. In addition, physical examination showed decreased sensation of the fourth and fifth finger. Guidelines support the use of gabapentin as a first-line agent for neuropathic pain. Furthermore, it is noted that she has had good benefit with her medications and that medications decreased her pain. Therefore, the request for 90 tablets of Gabapentin 600mg is medically necessary.