MAXIMUS Federal Services

Case Number:	CM15-0009943		
Date Assigned:	01/27/2015	Date of Injury:	11/26/2012
Decision Date:	03/24/2015	UR Denial Date:	12/28/2014
Priority:	Standard	Application Received:	01/16/2015

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:

The injured worker is a 45 year old male, who sustained an industrial injury on 11/26/12. He has reported pain in the right 2nd digit and low back pain. The diagnoses have included paronychia, status post incision and drainage of abscess and lumbago. Treatment to date has included x-ray of the lumbar spine, electrodiagnostic studies, chiropractic therapy and oral medications. As of the PR2 on 11/19/14, the injured worker reported 5/10 pain with medications. He indicated he still suffered from pain waked him at night and numbness in the right finger. The treating physician has requested Ibuprofen 800mg #30 x 1 refill, Gabapentin 300mg #30 x 1 refill and Voltaren 1% #3 x 1 refill.On 12/28/14 Utilization Review modified a request for Ibuprofen 800mg #30 x 1 refill to Ibuprofen 800mg #30 x no refills, Gabapentin 300mg #30 x 1 refill to Gabapentin 300mg #30 x no refills and Voltaren 1% #3 x 1 refill to Voltaren 1% #3 x no refills. The UR physician cited the MTUS guidelines for chronic pain medical treatment. On 1/9/15, the injured worker submitted an application for IMR for review of Ibuprofen 800mg #30 x 1 refill, Gabapentin 300mg #30 x 1 refill and Voltaren 1% #3 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. He has been treated chronically with ibuprofen.The request for Ibuprofen 800mg #30 with 1 refill is determined to not be medically necessary.

Gabapentin 300mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) section Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of antiepilepsy drugs for neuopathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes verus tolerability of advere effects. Gabapentin 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.The medical records do not indicate that the injured worker has had significant pain relief and improvement of function with the use of gabapentin. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.The request for gabapentin 300mg #30 with 1 refill is determined to not be medically necessary.

Voltaren 1% #3 with 1 refill: 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 Topical Analgesics section Page(s): 111-113.

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Voltaren Gel 1% is FDA approved and indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity).The medical records indicate that the injured worker is using Voltaren Gel 1% for a finger injury with suspected chronic regional pain syndrome (CRPS) and neuropathic pain. The injured worker had a spliter that became infected over two years ago, and continues to have significant pain and limitations. He has also been treated chronically with Pennsaid 1.5% and continues to utilize this medication with Voltaren 1%. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines.The request for Voltaren 1% #3 with 1 refill is determined to not be medically necessary.