

Case Number:	CM15-0010595		
Date Assigned:	01/28/2015	Date of Injury:	06/09/2007
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/20/2015

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: Physical Medicine & Rehabilitation

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 43 year old man sustained an industrial injury on 6/9/2007. The mechanism of injury is not detailed. Current diagnoses include late effects fracture, upper extremities; pain, extremity lower and/or upper; post-operative chronic pain; sleep disturbance, unspecified; right wrist pain in joint, wrist and hand; and myofascial pain. Treatment has included oral medications and TENS therapy. Physician notes on a PR-2 dated 12/3/2014 show acute pain for the past week and chronic upper extremity pain. The treatment plan included refill of medications, continue home exercise program and TENS unit, avoid coffee, spicy foods, ETOH/smoke, chocolate, soda, fatty foods, and citric acid. On 12/24/2014, Utilization Review evaluated prescriptions for Gabapentin 300 mg #60 with one refill and Tylenol #3 #60, and paraffin bath that were submitted on 1/16/2015. The UR physician noted the following: regarding the paraffin bath, there is no indication of arthritis or that the worker has already or plans to begin physical therapy. Regarding Gabapentin, there was no documentation of pain that was neuropathic in nature. Regarding Tylenol #3, there was insufficient documentation indicating the level of pain or functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, quantity: 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS).

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

Decision rationale: The patient presents with pain and weakness in his upper/ lower extremities. The request is for GABAPENTIN 300MG #60 with 1 REFILL. The patient is currently working. MTUS guidelines page 18 and 19 states that "Gabapentin (Neurontin, Gabarone, generic available) 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." In this case, the patient has been utilizing Neurontin since at least 03/01/14. The treater does not provide adequate documentation of pain reduction or functional improvement from the use of this medication, except Tylenol #3 and Neurontin with good results. MTUS require documentation of at least 40% reduction of pain with initial trial for chronic use of this medication. MTUS page 60 require recording of pain and function when medication is used for chronic pain. The requested Gabapentin IS NOT medically necessary.

Tylenol #3, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his upper/ lower extremities. The request is for TYLENOL #3 #60. The patient has been utilizing Tylenol #3 since at least 03/01/14. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's ,analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the review of the reports does not show any discussion specific to this medication other than Tylenol #3 and Neurontin with good results." The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request IS NOT medically necessary.

Paraffin wax bath: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation wrist/hand chapter, paraffin wax baths

Decision rationale: The patient presents with pain in his upper/ lower extremities. The request is for PARAFFIN WAX BATH. MTUS and ACOEM Guidelines do not discuss paraffin unit specifically. However, ODG Guidelines under wrist and hand has the following regarding paraffin wax baths, recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care exercise. According to a Cochrane review, paraffin wax baths combined with exercise can be recommended for beneficial short-term effects for arthritic hands. In this case, the patient has suffered from chronic right hand pain and myofascial pain. There are no x-rays provided for review and there are no discussions of arthritis or adjunct conservative care. The requested paraffin unit is not medically necessary.