

Case Number:	CM15-0015478		
Date Assigned:	02/03/2015	Date of Injury:	12/04/2013
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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, Hawaii

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:

The injured worker was a 40 year old male, who sustained an industrial injury, December 4, 2013. The injured workers chief complaint was upper back pain, lower back pain, right shoulder and right elbow pain in the bilateral wrists and hands especially in the right. It causes numbness and tingling accompanied with weakness in both hands. The injured worker was diagnosed with anxiety, depression, cervical neck sprain/strain, right shoulder supraspinatus/infraspinatus tendonitis with subacromial bursitis, right elbow lateral epicondylitis, carpal tunnel syndrome of both wrists and hands, lumbar spine sprain/strain and lumbar disc syndrome without myelopathy. The injured worker previously received the following treatments EMG/NCS (electromyography and nerve conduction studies) December 12, 2012, cardio-respiratory diagnostic testing December 12, 2012 and laboratory studies. According to progress note of December 12, 2014, the injured worker was positive for headache, neck pain, positive for numbness and tingling and weakness in both hands. The injured worker had a normal gait and heel to toe walk was normal. On December 12, 2014, the primary treating physician requested month supply of Gabapentin, transdermal patches and topical cream. On January 12, 2015, the UR denied authorization for a month supply of Gabapentin, transdermal patches and topical cream. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month Supply of Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The patient presents with pain affecting the neck, head and bilateral hand. The current request is for 1 Month Supply of Gabapentin. The treating physician report dated 12/12/14 (29) provides no rationale for the current request. The MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. In this case, the patient does present with radicular pain but the treating physician has not specified a quantity of Gabapentin to be prescribed to the patient. The MTUS guidelines do not support an open ended request. Recommendation is for denial.

1 Month Supply of Transdermal Patch: 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 Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the neck, head and bilateral hand. The current request is for 1 Month Supply of Transdermal Patch. The requesting treating physician report dated 12/12/14 does not specify what kind of transdermal patch is being prescribed to the patient. In this case, the current request does not satisfy the MTUS guidelines as there is no medication specified in the request for a transdermal patch. Recommendation is for denial.

1 Month Supply of Topical Cream: 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 Page(s): 111-113.

Decision rationale: The patient presents with pain affecting the neck, head and bilateral hand. The current request is for 1 Month Supply of Topical Cream. The requesting treating physician report dated 12/12/14 (29) does not specify what medications are in this formulation of topical cream. The MTUS guidelines state the following regarding topical analgesics, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the current request does not specify what medications make up

this topical cream and therefore it cannot be determined if there is an unapproved substance in the formulation. Recommendation is for denial.