

Case Number:	CM15-0115095		
Date Assigned:	06/23/2015	Date of Injury:	07/23/2003
Decision Date:	07/23/2015	UR Denial Date:	05/23/2015
Priority:	Standard	Application Received:	06/15/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 54-year-old female who sustained an industrial injury to the bilateral elbows on 07/23/2003. Diagnoses include pain in joint, upper arm; lateral and medial epicondylitis; and chronic pain syndrome. Treatment to date has included medications, elbow surgeries, acupuncture, nerve blocks, TENS unit, steroid injections, physical therapy and home exercise program. Electrodiagnostic testing on 12/12/14 found evidence consistent with moderate bilateral carpal tunnel syndrome. Left elbow MRI on 9/9/14 showed evidence of the previous tendon repair; a partial tear of the tendon involving the deep fibers; tear of the proximal radial collateral ligament and scarring of the proximal lateral and medial ulnar collateral ligaments; mild common flexor tendinosis; and probable chronic avulsion or heterotrophic ossification with small osseous body suggested adjacent to the posterior lateral humeral epicondyle. According to the progress notes dated 5/13/15, the IW reported constant, moderately severe bilateral elbow pain with numbness and tingling into the left upper extremity. The pain interfered with activities of daily living and her home activities such as housekeeping, yard work, laundry, shopping, driving and running errands. On examination, range of motion of the lumbar spine was normal with flexion, but otherwise restricted. There was tenderness to the muscles and spinous processes. Straight leg raise was positive on the right at 90 degrees in a sitting position and light touch sensation was decreased over the medial left calf. ROM of the bilateral shoulders was restricted by pain. The left elbow had swelling, tenderness over the medial and lateral epicondyles, and was painful on ROM. Tinel's sign was positive. Medications were Soma, Gabapentin and Norco. A request was made for Gabapentin 600mg, #90 and Soma 350mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are pain joint upper arm; lateral epicondylitis; chronic pain syndrome; and medial epicondylitis. The utilization review states the injured worker was weaned off gabapentin February 19, 2013. The medication was started and there was no objective functional improvement with his continued use. The injured worker has persistent 10/10 pain involving the upper extremities and low back. Subjectively, according to the May 7, 2015 progress note, the documentation states pain is characterized as aching and sharp and radiates to the left arm, left forearm, left-hand, right leg and right foot. The documentation does not state the primary site of pain. There are no neuropathic symptoms documented in the medical record. Objectively, range of motion of the lumbar is restricted. Range of motion of the shoulder is restricted. There is tenderness over the lateral epicondyle and medial epicondyle. Motor examination of the knee is limited by pain. There is no physical examination of the lumbar spine. There is no clinical documentation of neuropathic symptoms or neuropathic signs in the medical record. There is no clinical indication or rationale to support ongoing gabapentin 600 mg. Gabapentin was weaned and discontinued February 19, 2013. There is no clinical indication for restarting gabapentin. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Gabapentin 600 mg #90 is not medically necessary.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Soma 350mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are pain joint upper arm; lateral epicondylitis; chronic pain syndrome; and medial epicondylitis. The utilization review states the injured worker was weaned off gabapentin February 19, 2013. The medication was started and there was no objective functional improvement with his continued use. The injured worker has persistent 10/10 pain involving the upper extremities and low back. Subjectively, according to the May 7, 2015 progress note, the documentation states pain is characterized as aching and sharp and radiates to the left arm, left forearm, left-hand, right leg and right foot. The documentation does not state the primary site of pain. There are no neuropathic symptoms documented in the medical record. Objectively, range of motion of the lumbar is restricted. Range of motion of the shoulder is restricted. There is tenderness over the lateral at the condyle and medial epicondyle. Motor examination of the knee is limited by pain. There is no physical examination of the lumbar spine. Soma is recommended for short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. There is no physical examination of the lumbar spine. Additionally, Soma is recommended for short-term (less than two weeks). The treating provider has prescribed Soma as far back as October 27, 2014. The treating provider has clearly exceeded the recommended guidelines for short-term use. There are no compelling clinical facts in the medical record to support the ongoing use of Soma. Based on the clinical information the medical record, the peer-reviewed evidence-based guidelines, the continued use of Soma in excess of the recommended guidelines (less than two weeks), Soma 350mg #90 is not medically necessary.