MAXIMUS Federal Services

Case Number:	CM15-0122555		
Date Assigned:	07/02/2015	Date of Injury:	10/08/2008
Decision Date:	08/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 injured worker is a 56-year-old female, who reported an industrial injury on 10/8/2008. Her diagnoses, and or impression, were noted to include cervicalgia; carpal tunnel syndrome; lumbosacral disc degeneration; lumbago; pain in shoulder joint; frozen right shoulder and impingement, status-post decompression surgery (2010); carpal tunnel release surgery (2011); and enesthopathy. No current imaging studies were noted. Her treatments were noted to include lumbar epidural steroid injection therapy; a daily home exercise program; daily transcutaneous electrical stimulation unit therapy; medication management; and return to full work duties. The progress notes of 6/11/2015 reported improvement of low back pain, and symptoms, range-of-motion; of feeling stronger in her lower extremities since the injections, with a 45% improvement in her pain, taking her down to a moderate level; that the spasms and cramping remain unchanged and keep her from doing more activities of daily living; and that she is improved with rest, walking, use of heat and the transcutaneous electrical stimulation unit, and medications. Objective findings were noted to include notations of moderate pain; tenderness in the lumbar para-vertebral muscles with tenderness and tightness in the muscle band on the left, that are with restricted range-of motion and positive straight leg raise; and with decreased sensation and strength in the left lumbar region; left lateral leg and second & third toe hypoesthesia; decreased reflexes in the left leg; and painful heel walk with the left leg. The physician's requests for treatments were noted to include the continuation of Voltaren Gel, Ultram Extended Release, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to the MTUS Guidelines, Voltaren Gel is indicated in the treatment of small joint arthritis, which lends itself toward topical treatment, such as the knees, ankles, feet, elbows wrists, fingers, etc. In this case, however, arthritis has not been specifically discussed or raised as one of the operating diagnoses here. Thus, the claimant does not seem to carry a diagnosis of small joint arthritis for which Voltaren gel is indicated. There is also no indication of failure of first-line NSAIDs as well as ineffectiveness of oral NSAIDs. Therefore, this request is not medically necessary.

Ultram ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

Decision rationale: Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant and neuropathic pain is controversial. Patients on chronic opioids should be routinely monitored for signs and symptoms of impairment. The use of opioids should be reserved for those patients who have demonstrated objective functional improvement. In this case, the date of injury was in 2008, and submitted documents do not reveal significant pain relief with Ultram or improvement in functional status. There is also no evidence of documentation of compliance guidelines including risk assessment, attempt at weaning/tapering or a pain contract. Therefore, the request is not medically necessary.

Gabapentin 600mg 1 by mouth twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 16.

Decision rationale: CA MTUS Guidelines indicate that Gabapentin is indicated for neuropathic pain. However, the clinical documentation in this case failed to document the efficacy of the requested medication. The pain level was noted to be recently decreased with an ESI; however, the chronic use of Gabapentin has not been documented to change the pain level. There is also no documentation of functional improvement due to the Gabapentin. Given the foregoing, Gabapentin is not medically necessary.