

<b>Case Number:</b>	CM15-0033786		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Arizona

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 is a 44-year-old male, who sustained an industrial injury on July 17, 2014. The mechanism of injury was the injured worker's right hand hit a moving spindle and he sustained a crushing injury. The injured worker was diagnosed as having right hand pain, neuropathy and right carpal tunnel syndrome, and medication-induced gastritis. Treatment to date has included x-rays, MRI, work modifications, physical therapy, chiropractic therapy, acupuncture, home exercise program, steroid injections, and medications including pain, topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On January 19, 2015, the injured worker complains of right hand pain that is rated 6-7/10. The pain is improved. Associated symptoms include unchanged weakness in the hands and the numbness and tingling is going up further into the elbow. Therapy is helping his pain. The physical exam revealed right grip weakness, decreased sensation in the right hand, and a left hand contracture of the fifth finger. His non-steroidal anti-inflammatory medication can cause an upset stomach at times. The treatment plan includes continuing anti-epilepsy, topical non-steroidal anti-inflammatory, and proton pump inhibitor medications and switching to a different non-steroidal anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60: 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 NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550 mg #60 is not medically necessary.

**Gabapentin 600mg #30: 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 Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% pain relief with objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 600 mg #30 is not medically necessary.

**Zanaflex 2mg #30: 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 Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. There was a

lack of documentation of exceptional factors. Given the above, the request for Zanaflex 2 mg #30 is not medically necessary.

**Capsaicin Cream 0.025% 120gm: 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 Analgesic, Topical Capsaicin Page(s): 111, 28.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There was a lack of documentation indicating the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating the injured worker had not responded or was intolerant to other treatments. The request as submitted failed to indicate the body part and the frequency for the requested medication. Given the above, the request for capsaicin cream 0.025% 120 gm is not medically necessary.