

Case Number:	CM15-0068172		
Date Assigned:	04/15/2015	Date of Injury:	02/20/2007
Decision Date:	05/14/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 02/20/2007. She reported discomfort in the low back and progressive pain in the bilateral wrists. Treatment to date has included splinting, electrodiagnostic testing, carpal tunnel release and medications. According to a progress report dated 02/18/2015, the injured worker continued to have significant pain. Location of pain was not provided. Pain scores with medications were 6-7 on a scale of 1-10 and 10 without medications. The provider noted that adverse reactions of visual disturbance with Gabapentin were improved. Diagnoses included carpal tunnel syndrome, osteoarthritis generalized involving hand, lateral epicondylitis elbow region and unspecified gastritis and gastroduodenitis. Treatment plan included Clonazepam, Omeprazole, Xanax, Cymbalta, Gabapentin, Terocin patch, Norco and Lidoderm. Work status was noted as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work injury in February 2007 and continues to be treated for chronic pain. Medications are referenced as decreasing pain from 10/10 down to 6-7/10 and with improved tolerance sitting, standing, and activities such as housework. Medications included gabapentin at a total dose of 900 mg per day. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

Xanax 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The claimant sustained a work injury in February 2007 and continues to be treated for chronic pain. Medications are referenced as decreasing pain from 10/10 down to 6-7/10 and with improved tolerance sitting, standing, and activities such as housework. Medications included gabapentin at a total dose of 900 mg per day. Xanax (Alprazolam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of Xanax is not medically necessary.

Gabapentin 300mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant sustained a work injury in February 2007 and continues to be treated for chronic pain. Medications are referenced as decreasing pain from 10/10 down to 6-7/10 and with improved tolerance sitting, standing, and activities such as housework. Medications included gabapentin at a total dose of 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is not consistent with recommended guidelines and therefore not medically necessary at the dose being prescribed.