MAXIMUS Federal Services

Case Number:	CM15-0070231		
Date Assigned:	04/20/2015	Date of Injury:	01/28/2013
Decision Date:	05/18/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/14/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 39 year old woman sustained an industrial injury on 1/28/2013. The mechanism of injury is not detailed. Evaluations include right wrist MRI without contrast dated 9/3/2014, bilateral upper extremity electromyogram dated 5/29/2014, and complete right wrist x-ray dated 7/28/2014. Diagnoses include shoulder pain and carpal tunnel syndrome. Treatment has included oral medications and hand therapy. Physician notes dated 1/8/2015 show complaints of right shoulder and upper extremity pain. Recommendations include Gabapentin, diclofenac Sodium cream, continue hand therapy, surgical intervention of the right shoulder, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5 percent 60 grams #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 111.

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

Decision rationale: Per the MTUS Guidelines, the use of topical analgesics is recommended as an option for some agents. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the spine, hip and shoulder, there was no evidence to support the use of topical NSAIDs. Per the ODG, Pennsaid is not recommended as a first-line treatment. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID, anti-depressants and anti-convulsants. There is no documented evidence that the patient has failed a trial of oral NSAIDs, antidepressants or anticonvulsants. In addition, the location of the area where the diclofenac is to be applied is not reported. The request for Diclofenac Sodium 1.5 percent 60 grams #2 is determined to not be medically necessary and appropriate.

Gabapentin tablets 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AED) Page(s): 16-21.

Decision rationale: The MTUS Guidelines recommend the use of anti-epilepsy drugs for neuopathic pain. Most randomized controlled trials for the use of anti-epilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. In this case the injured worker has been taking gabapentin without documentation of pain reduction, objective functional improvement or side effects incurred. The request for Gabapentin tablets 600mg #60 is determined to not be medically necessary.