

Case Number:	CM15-0073586		
Date Assigned:	04/24/2015	Date of Injury:	04/23/2014
Decision Date:	06/02/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/17/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 is a 41 year old female, who sustained an industrial injury on 4/23/14. She reported initial complaints of left wrist/hand/ forearm. The injured worker was diagnosed as having carpal tunnel syndrome; brachial neuritis or radiculitis; myalgia and myositis; chronic pain syndrome; skin sensation disturbance. Treatment to date has included physical therapy; urine drug screening; medications. Diagnostics included EMG/NCV left upper extremity (8/29/14); MRI left wrist (9/12/14); EMG/NCV right upper extremity (11/21/14). Currently, the PR-2 notes dated 3/12/15 indicated the injured worker complains of bilateral wrist pain rating the pain at 7/10. The pain radiates from the left shoulder and is associated with numbness and pins and needles, weakness in her upper extremities with instances of dropping things. She reports relieving factors include application of heat and as a result of pain she is unable to work or perform household chores, shopping, or exercise. She state the medications are helpful, but cause drowsiness. Previous physical therapy was not effective according to injured worker. The physical examination reveals limited range of motion to cervical spine and bilateral wrists. She is currently prescribed Omeprazole, Fenopufen calcium, Cyclobenzaprine, Lidocaine Hcl, Naproxen and Gabapentin. The provider has requested: Omeprazole 20 mg, sixty count, Fenopufen 400 mg, sixty count and Gabapentin 600 mg, ninety count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. There is also lack of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Omeprazole, as stated in the above request, is determined not to be a medical necessity at this time.

Fenoprofen 400 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. There is lack of documentation of functional improvement, while on this medication. According to the clinical documentation provided and current MTUS guidelines; Fenoprofen is not indicated a medical necessity to the patient at this time.

Gabapentin 600 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter: gabapentin. page(s) 16, 49.

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the above cited guidelines, "Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for

painful radiculopathy." To determine a good outcome, "A 'good' response to the use of AEDs 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 of this magnitude may be the 'trigger' for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. (Eisenberg, 2007) (Jensen, 2006) 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 patient has a diagnosis of carpal tunnel syndrome, and also shows signs of neuropathic pain. According to the clinical documentation provided and current guidelines; gabapentin is indicated as a medical necessity to the patient at this time.