

Case Number:	CM15-0074207		
Date Assigned:	04/24/2015	Date of Injury:	03/04/2003
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/18/2015

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: Internal 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 57 year old female, who sustained an industrial injury on 03/04/2003. She has reported subsequent wrist and neck pain and was diagnosed with bilateral carpal tunnel syndrome and cervical sprain. Treatment to date has included oral pain medication and surgery. In a progress note dated 02/04/2015, the injured worker complained of bilateral wrist pain. Objective findings were notable for tenderness of the cervical paravertebral muscles and left wrist, weak grip and numbness/tingling of the left and right wrist and restricted range of motion of the cervical spine. A request for authorization of Gabapentin for neuropathic pain and Fenoprofen as needed for inflammation and pain was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Overturned

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 Gabapentin (Neurontin) Page 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. The primary treating physician's progress report dated 2/4/15 documented the diagnosis of bilateral carpal tunnel syndrome, status post right carpal tunnel release surgery. Date of injury was 3/4/03. Bilateral wrist examination demonstrated bilateral weakness, numbness, and tingling. Tinel sign was positive bilaterally. Left wrist tenderness was noted. The physician recommended left carpal tunnel release surgery. Neurontin (Gabapentin) was prescribed for neuropathic pain. Medical records documented neuropathic pain. Per MTUS, Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. The request for Gabapentin in the patient with a history of carpal tunnel syndrome is supported by MTUS guidelines. Therefore, the request for Gabapentin is medically necessary.

Fenoprofen 400mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for wrist conditions. The primary treating physician's progress report dated 2/4/15 documented the diagnosis of bilateral carpal tunnel syndrome, status post right carpal tunnel release surgery. Date of injury was 3/4/03. Bilateral wrist examination demonstrated bilateral weakness, numbness, and tingling. Tinel sign was positive bilaterally. Left wrist tenderness was noted. The physician recommended left carpal tunnel release surgery. Fenoprofen was prescribed for inflammation and pain. ACOEM guidelines supports the use of the NSAID Fenoprofen. Therefore, the request for Fenoprofen is medically necessary.