

<b>Case Number:</b>	CM13-0020356		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/17/2002
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in <MPR ST LICENSE>. 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 physician 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/services.

### 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 patient is a 46-year-old female who reported an injury on 05/17/2010; reported her injuries were from cumulative trauma while performing her job duties. She is reported to have complaints of neck pain and upper extremity pain. A clinical note dated 07/12/2013 signed by [REDACTED] reported the patient complained of 4/10 pain with pain medications and 10/10 pain without medications. She reported a burning and aching in her posterior neck and numbness and aching in her upper extremities. She noted increased pain with repetitive use of her upper extremities. She is reported to have undergone an MRI of the cervical spine in 2003 which did not demonstrate any significant disc herniation. She is noted to have undergone electrodiagnostic testing of her upper extremities in 2012 which demonstrated bilateral carpal tunnel syndrome and underlying demyelinating sensory peripheral neuropathy involving the upper extremities. The patient was noted on that date to be taking Gabapentin 300 mg 1 tab 3 times a day, Cymbalta 30 mg 3 capsules every day and she reported she felt those were effective in controlling her pain. She also reported good results with tramadol and ibuprofen the past and stated she would like to continue with those medications and she was concerned about increasing numbness in her upper extremities. On physical examination, the patient is noted to have 2+ and symmetric reflexes in the upper extremities, 5/5 strength in the upper extremities, decreased sensation in the 4th and 5th digits, some pain with cervical range of motion and the patient tenderness in the paraspinal muscles and bilateral trapezius, Spurling's sign elicited neck pain. The patient is noted to have some facet joint tenderness in the lower cervical joints. She is noted to have a positive Phalen's and Tinel's sign at the bilateral wrists. The patient was re-evaluated on 08/09/2013 and reported that she had been started back on her usual medications which actually helped to r

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg, 60 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 97.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 46-year-old female who reported ongoing neck pain and bilateral upper extremity pain due to cumulative trauma performing repetitive job duties. She is noted to have been diagnosed with carpal tunnel syndrome of the bilateral upper extremities with electrodiagnostic studies. She was reported to rate her pain at 4/10 with medications and 10/10 without medications, taking only gabapentin 300 mg 3 times a day and Cymbalta 30 mg 3 caps every day. She reported those had been effective in controlling her medications. The patient was noted to have been restarted on tramadol and ibuprofen on 07/01/2013. The California MTUS Guidelines state that it should be noted if the patient has been given a diagnosis with one other particular diagnostic categories that are not shown to have good success with opioid therapies such as pain disorder associated with psychological factors such as anxiety and pain or when the patient is requesting opioid medications for their pain and inconsistencies are noted in their history. The patient is noted to have previous complaints of anxiety and depression and has treated with a psychologist in the past and requested specific opioid medications for her pain. The requested tramadol is not indicated. The patient is noted to have had good pain relief prior to starting the tramadol with use of Cymbalta and gabapentin. As such, the need for starting tramadol at the patient's request is not established. The request for Tramadol 50mg, 60 count, one tab by mouth twice a day as needed, is not medically necessary or appropriate.

**Prilosec 20 mg, 30 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) Section, GI symptoms & cardiovascular risk Page(s).

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 46-year-old female who reported an injury on 05/17/2002 when she developed neck pain and bilateral upper extremity pain due to cumulative trauma performing repetitive job duties. She is noted to complain of ongoing pain in her neck and her bilateral upper extremities and is noted to have undergone electrodiagnostic testing that is reported to show carpal tunnel syndrome bilaterally along with findings of a polyneuropathy of the upper extremities. The patient is noted as of 07/01/2013 to have been treating with gabapentin and Cymbalta with good relief of her pain. She is noted to have requested ibuprofen for pain. The Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors such as Omeprazole for treatment of

dyspepsia secondary to NSAID therapy. However, as the patient is not noted at that time to have been complaining of dyspepsia or GI (Gastrointestinal) upsets, the requested proton pump inhibitor Omeprazole does not meet guideline recommendations. The request for Prilosec 20 mg, 30 count, one capsule by mouth every day, is not medically necessary or appropriate

**Naproxen sodium, 550 mg, 60 count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 46-year-old female who reported an injury on 05/17/2002 when she developed neck and bilateral upper extremity pain due to cumulative trauma from performing repetitive job duties. She is reported to complain of ongoing neck pain and upper extremity pain and is noted to have undergone previous electrodiagnostic studies which are reported to show bilateral carpal tunnel syndrome and an unspecified polyneuropathy of the upper extremities. The patient is noted to have been treating with Cymbalta and gabapentin with good relief of pain and requested a prescription for a nonsteroidal anti-inflammatory. The Chronic Pain Medical Treatment Guidelines recommend the use of nonsteroidal anti-inflammatories at the lowest dose for the shortest period of time for patients with moderate to severe pain caused by osteoarthritis or for patients with chronic back pain for short-term symptomatic relief. There are inconsistent findings evidenced for treatment of neuropathic pain. As the patient is not noted to have been diagnosed with osteoarthritis and appears to be taking naproxen on a routine basis instead of for short-term relief of exacerbations of her pain, the requested naproxen does not meet guideline recommendations. The request for naproxen sodium, 550 mg, 60 count, one tablet twice a day as needed, is not medically necessary or appropriate.

**psychological evaluation and follow-up visits for six sessions for depression related to chronic pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient is a 46-year-old female who reported an injury on 05/17/2002 when she developed neck pain and bilateral upper extremity pain due to cumulative trauma from performing repetitive job duties. She is noted to have been treated in the past with conservative treatments including physical therapy and medications and to have undergone an MRI which was reported to not demonstrate any sign disc herniations and to have undergone electrodiagnostic studies which demonstrated bilateral carpal tunnel syndrome and mild peripheral neuropathy involving the bilateral upper extremities. She is

noted to be prescribed gabapentin 300 mg and to take 1 tab 3 times a day and Cymbalta 30 mg 3 capsules per day which she felt was effective in controlling her pain. The patient was recommended for a psychological evaluation and treatment. The Chronic Pain Medical Treatment Guidelines recommends psychological evaluations to distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. She is reported to complain of some depression due to her ongoing pain and denial of treatment; however, there is no documentation that the patient exhibited symptoms of depression. In addition, the patient is noted to have undergone psychological treatment in the past and there is no indication of when or the number of sessions she received or her diagnosis, and as such, the need for an additional psychological evaluation and 6 sessions of psychological treatment is not established. The request for psychological evaluation and follow-up visits for six sessions for depression related to chronic pain is not medically necessary or appropriate.