

Case Number:	CM13-0056143		
Date Assigned:	12/30/2013	Date of Injury:	05/16/2008
Decision Date:	03/19/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/21/2013

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 Emergency Medicine, and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with date of injury of 5/16/2008. Mechanism of injury reported is due to "cumulative trauma" first noted while changing and cleaning trash bags on the reported date. The patient has a diagnosis of cervical, thoracic and lumbar radiculopathy/sprain/strain; Bilateral shoulder impingement syndrome with sprain/strain; R carpal tunnel syndrome, bilateral wrist sprain/strain, sleep disturbances and anxiety/depression. Has reported multiple surgeries including, medial epicondylectomy, ulnar nerve decompression of elbow Guyon's tunnel release with redo of release, A1 pulley release, radical flexor tenosynovectomy, R metacarpophalangeal contracture release, and other hand/wrists surgeries. Reviewed multiple reports from primary and secondary treating physician's progress reports along with consults from neurosurgeon. Last report available until 12/30/13. The patient complains of severe neck pain radiating to both shoulders, upper to mid back pain radiating to low back, intermittent moderate low back pain and numbness and tingling radiating to both legs. The patient also complains of bilateral shoulder, elbows and wrists pains with numbness and tingling. Complains of difficulty sleeping due to pain. The patient also is depressed and anxious. Objective exam reveals 3+tenderness and spasms to entire paraspinal region from cervical to thoracic and lumbar region with palpation. No sacroiliac joint tenderness with L3-5 spinous process tenderness. Bilateral trapezius and cervical compression positive. Straight leg raise is positive(unknown which side). Tenderness to bilateral acromioclavicular(AC) joints, anterior and posterior shoulders. Tenderness to both lateral, medial and posterior elbows. Tenderness to both wrists with positive phalens test. There is an MRI of the cervical spine requested but report is not available. Neurosurgeon on 4/13 reports that MRI of low back shows "Disc herniations, L3-4, L4-5 with discogenic changes, L2-L5. There is some mild-moderate foramina stenosis bilaterally at L3-L5 levels" but original report is not available. MRI of L shoulder(11/14/13) revealed moderate degenerative joint disease of AC

joint, distal supraspinatus tendon tendinopathy with 4mm insertional tear, mild tendinosis of subscapularis tendon with focal delamination, degenerative superior labrum, multiple axillary lymph nodes and mild fluid in anterior bicep tendon. MRI of R shoulder(11/14/13) revealed moderate AC joint degenerative changes with osteophytes, medium fluid in subcoracoid bursa, moderate tendinopathy of distal supraspinatus and infraspinatus tendon, focal dilamination of superior medial fibers of subscapularis tendon, mild degenerative changes in superior labrum and mild biceps tendinosis. Urine drug tests were reportedly done reportedly was negative but reports were not found. Old UDS from 2012 was negative. Last medication list provided from 12/13/13: Cartivisc, cyclobenzaprine, naproxen, omeprazole, zolpidem, flurbiprofen/tramadol topical and gabapentin/dextromethorphan/amitriptyline topical. There is a request for several medications but no documentation if the patient is on those medications. The patient has undergone surgery, physical therapy, chiropractic, injections and medications with no improvement. Review is for prescription for Gabapentin 600mg #60, Naproxen 550mg #60, Zolpidem 10mg #30, meprazole 20mg #60, Tramadol/L Carnitine 40/125 #90, Somnicin #30, Glucosamine 500mg #90, Terocin topical #240ml, Flurbiprofen cream LA #180g, Gabacyclotram #180grams. Prior Utilization review on 11/18/13 recommended non-certification of the above medications. It did certify a urine drug screen. Utilization review on 12/13/13 concerns other requests and is not related to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 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 Antiepilepsy Drugs(AED) Page(s): 16-19.

Decision rationale: Gabapentin is an anti epileptic drug used for the treatment of neuropathic pain. It has most evidence in diabetic neuropathy and herpetic neuralgia. There is very limited evidence to support its use in muscular/skeletal pain but a trial may be considered. It may be used in other neuropathic conditions and low back pain but recommendation is for trial with at least partial response (30% improvement) before recommending longer term treatment. Prescription dose is a for a full dose and not a trial dose. There is no documentation provided to determine if treating physician is attempting a trial or starting patient at maximum dose. There is no documentation of treating physicians pre-trial pain assessment which is required as part of the trial. The request for Gabapentin 600 mg, 60 count, is not medically necessary or appropriate.

Naproxen 550 mg, 60 count: Overturned

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 drug) Section Page(s): 67.

Decision rationale: Naproxen is an NSAID(Non-steroidal anti inflammatory). The Chronic Pain Medical Treatment Guidelines recommends NSAIDs for chronic pains with caution due to side effects. The patient has been on NSAIDs chronically for pains. The Chronic Pain Medical Treatment Guidelines recommends this as a short a course as possible for pain relief, patient's condition is chronic and not likely to suddenly improve. Suddenly removing naproxen from patient's pain medication list would not be appropriate without a specific pain management plan. The request for Naproxen 550 mg, 60 count, is medically necessary and appropriate.

Zolpidem 10 mg, 30 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Chronic Pain Chapter, Insomnia section

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any direct assessment of zolpidem of insomnia due to pain. Zolpidem is a benzodiazepine used for insomnia. According to the ODG, zolpidem is recommended only for short term use of less than 7-10days. If insomnia does not improve, other underlying problems including physical or psychiatric should be managed. The patient is already on zolpidem and as per reports, the patient appears to have been on it for over 3months. There is no documentation of the effectiveness of zolpidem on this patient and there is no documentation of side effects or if the use of this medication is chronic or intermittent. Chronic use is not appropriate and the prescription is excessive for short term use or tapering. The request for Zolpidem 10 mg, 30 count, is not medically necessary or appropriate.

Omeprazole 20 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 (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms and cardiovascula.

Decision rationale: Omeprazole is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. According to the Chronic Pain Medical Treatment Guidelines, PPIs (Proton Pump Inhibitors) may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. The request for Omeprazole 20 mg, 60 count, is not medically necessary or appropriate.

Tramadol/L Camitine 40/125 mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Section Page(s): 78-83.

Decision rationale: Tramadol is an opioid and L-Carnitine is a supplement. The requested tramadol and L-carnitine compound is not an FDA approved compound and there is no available information in the MTUS or ODG about this combination. L-carnitine is an amino acid and is a supplement. While performing an online web search, there is several noted recreational drug websites that notes that L-carnitine is a opiate potentiator and can prolong the effects of the opioid. According to the Chronic Pain Medical Treatment Guidelines, there are specific criteria for chronic opioid use. It is recommended as second line treatment for pain after failure of first line and conservative treatment. Chronic use requires documentation of the 4 A's(Analgesia, Activity of daily living, Adverse effects and Aberrant behavior). Documentation provided does not meet criteria for for use. There is no objective pain assessment. There is no assessment of activity of daily living. There is noted urine drug screening but no other notes concerning monitoring plan. The request for Tramadol/L Camitine 40/125 mg, 90 count, is not medically necessary or appropriate.

Somnicin, 30 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical Food Section

Decision rationale: Somnicin is a brand name product containing multiple non-prescription generic substances including Melatonin, 5-HTP, L-tryptopan, Vitamin B6 and Magnesium claimed by its manufacturer to aid in sleep. There is no actual website from the manufacturer with information about this product; there is only marketing information available online. It is marketed as a medical food/non-medicinal supplement. There is no corresponding sections in ACOEM or MTUS concerning these substances. The ODG indicates medical food is defined as "a food which is formulated to be consumed or internally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles are established by medical evaluation." Documentation states that patient has a hard time sleeping due to pain but there is no details as to the severity of the sleep problem or any significant deficiencies or disability from it. There is no information of other attempted treatments for the sleep problem although the patient appears to be on zolpidem for sleep. There is no record of any sleep studies. Patient has no documented nutritional deficiency causing insomnia. Documentation reports that the patient's insomnia is primarily due to pain therefore a "medical food" is not indicated since

there is no nutritional deficiency or documented nutritional special requirements. The request for Somnicin, 30 count, is not medically necessary or appropriate.

Glucosamine 500 mg, 90 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine(and Chondroitin Sulfate) Chapter Page(s): 50.

Decision rationale: According to the Chronic Pain Medical Treatment guideline, glucosamine has some evidence for arthritic knee pain. Studies has shown minimal to mild benefit for arthritic knee pain with minimal risks. There is no evidence to support its use in shoulder, elbow or spinal arthritis. The patient does not have reported knee arthritis. There is no evidence to support its use in this patient. The request for Glucosamine 500 mg, 90 count, is not medically necessary or appropriate.

Terocin topical lotion 240 ml: Upheld

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

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

Decision rationale: Terocin is a combination medication containing methyl salicylate, capsaicin, menthol and lidocaine. According to the the Chronic Pain Medical Treatment Guidelines, "Any compound product that contains a drug or drug class that is no recommended is not recommended." Methyl-Salicylate is shown to the superior to placebo. Should not be used long term. No evidence of efficacy for spinal pain or osteoarthritis of spine or hip. The patient has spinal pain, shoulder pain and elbow pains. There is no documentation to support where this topical compound is to be used therefore it is not recommended. Regarding Capsaicin, the data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of any treatment failure(or any objective pain measure or response) using current therapy. Lidocaine's only efficacy is in neuropathic pain. It is n recommended in non-neuropathic pain. The patient does not have any documented neuropathic pain although patient's spinal pain may be considered neuropathic in nature. The is no data for Menthol in the Chronic Pain Medical Treatment Guidelines. The request for Terocin topical lotion 240 ml is not medically necessary or appropriate.

Flurbiprofen Cream LA, 180 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Flurbiprofen is a non-steroidal anti-inflammatory drug(NSAID). According to the Chronic Pain Medical Treatment Guidelines, topical analgesics has limited evidence for efficacy. There is some evidence for its efficacy in joint osteoarthritis pain and may be used in chronic pain. The patient appears to be on this medication already but there is no objective measure of pain or activity improvement on this medication from the documentation provided. Flurbiprofen is also not FDA approved for topical use. There are multiple other topical NSAIDs that are FDA approved. The request for Flurbiprofen Cream LA, 180 grams, is not medically necessary or appropriate.

Gabaclotran 180 grams: Upheld

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

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

Decision rationale: Gabaclotran is a compounded product containing gabapentin, cyclobenzaprine and tramadol. Cyclobenzaprine is a muscle relaxant, gabapentin is an anti-epileptic medication and tramadol is an opioid. According to the Chronic Pain Medical Treatment Guidelines, "Any compounded product that contain one drug or drug class that is not recommended is not recommended." Topical muscle relaxants like cyclobenzaprine are not recommended according to the Chronic Pain Medical Treatment Guidelines guidelines due to lack of evidence of efficacy. According to the Chronic Pain Medical Treatment Guidelines, topical gabapentin is not recommended. Tramadol has no evidence to support its use as a topical compound. The request for Gabaclotran 180 grams is not medically necessary or appropriate.