

Case Number:	CM13-0057868		
Date Assigned:	04/16/2014	Date of Injury:	02/29/2012
Decision Date:	05/23/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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:

The patient is a 29-year-old female who was injured on February 29, 2012. She reported a work related injury causing cervical radiculopathy, cervical pain, shoulder pain, medial epicondylitis and wrist pain. Prior treatment history has included physical therapy. Current Medications from May 15, 2013 to September 16, 2013 includes Lidoderm 5% patch, Lyrica 75 mg, Nucynta 50 mg, Flexeril, and Inuprofen Prior medications found in records Acetaminophen, Prilosec, Flexeril, and Tylenol Diagnostic studies reviewed include a urine drug screen with detection of Nucynta, which was inconsistent. Progress note dated November 16, 2013 documented the patient to have complaints of neck pain radiating down the neck down the right arm and mid back pain. Pain level is increased since last visit. She does not report any change in location of pain. Patient reports pain in upper back increased on this visit. Quality of sleep is fair. She denies any new injury since this visit. Activity level has remained the same. The patient is taking her medications as prescribed. She states that medications are working well. No side effects reported. She has completed physical therapy with good benefit. She is currently not working since work restrictions could not be accommodated. Objective findings on exam included the patient ambulates without any assistive devices. She does not show signs of intoxication or withdrawal. Inspection of the cervical spine reveals lordosis (mild). Range of motion is restriction with flexion limited to 30 degrees, extension limited to 20 degrees limited by pain, lateral rotation to the left limited to 70 degrees and lateral rotation to the right limited to 70 degrees. On examination of paravertebral muscles, tenderness, tight muscle band and trigger point is noted on both sides. Tenderness is noted at the paracervical muscles and trapezius. Spurling's maneuver produces pain in the neck musculature or radicular symptoms in the arm. Examination of the thoracic spine reveals paravertebral muscles, tenderness and tight muscle band is noted on both sides. Inspection of the right shoulder joint reveals no swelling, deformity, joint asymmetry or

atrophy. Movements are restricted with flexion to 10 degrees (Sacrum) and external rotation is limited to 45 degrees. Hawkins test is positive. Neer test is positive. Lift-off test is positive. Speeds test is positive. Yergason's test and Popeye's sign are negative ruling out any biceps pathology. Drop arm test is positive. On palpation, tenderness is noted in the glenohumeral joint. The right elbow reveals no erythema, swelling or ecchymosis, incision or drainage. No limitation is noted on flexion, extension, pronation or supination. Valgus and varus stress tests are negative ruling out elbow instability. Tenderness to palpation is noted over the medical condyle. Tinel's sign is negative. Inspection of the right wrist joint reveals no erythema, swelling, symmetry atrophy or deformity. No limitation is noted in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Tinel's sign and Phalen's sign are negative. Tenderness to palpation is noted over the ulnar side. Motor strength of grip is 4/5 on right and 5/5 on left. Wrist extensors 4/5 right and 5/5 on left, elbow flexors 5/5 bilaterally, elbow extensors 5/5 bilaterally and shoulder flexors 4/5 on right and 5/5 on left. On sensory examination, light touch sensation is decreased over C5, C6 and T1 dermatomes on the right side. Sensation to pin prick is decreased over C5 dermatome on the right. Examination of deep tendon reflexes, biceps reflex is 3.4 both sides, brachioradial reflex is $\hat{A}^{3/4}$ both sides and triceps reflex is $\hat{A}^{3/4}$ both sides.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% QTY. 30: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical lidoderm is recommended for topical peripheral pain/neuropathic pain after first-line antidepressant and/or anticonvulsants have been tried and/or failed. However, the patient continues to be prescribed Gabapentin orally. Furthermore, while there are complaints of radicular pain, there do not appear to be focal anatomic neurologic abnormalities on physical exam. Symptoms are not corroborated by EMG (electromyography) or cervical MRI, both of which did not demonstrate nerve compromise. The request for lidoderm 5%, thirty count, is not medically necessary or appropriate.

NUCYNTA 50MG QTY. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic) Chapter, Tapentadol (Nucynta \hat{A})

Decision rationale: The records submitted for review indicates this patient has chronic neck pain radiating to upper extremity. The patient has been prescribed Nucynta chronically, but there is no documentation of quantifiable or observable functional improvement or pain relief. There is documentation that the pain level has increased and patient is currently not working. Additionally, ODG indicates Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The records submitted do not document that the first line opioids have been tried and failed. The request for nucynta 50mg, thirty count, is not medically necessary or appropriate.

IBUPROFEN 600MG QTY. 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain." In this case, there is documentation of trial and failure of first line therapy with acetaminophen. This patient has been prescribed this medication since July 2013; however, there is no evidence of quantifiable or observable functional improvement or pain relief with the use of this medication. There is documentation that the pain level has increased and patient is currently not working. The request for ibuprofen 600mg, sixty count, is not medically necessary or appropriate.

NEURONTIN 300MG QTY. 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIEPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin®®, Gabarone®, generic available) Page(s): 18-19.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Neurontin 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. While the patient carries a diagnosis of radiculopathy, it has not been established by diagnostic studies. EMG/NCS (electromyography/nerve conduction study) and cervical MRI failed to demonstrate nerve compromise according to the records. Furthermore, functional benefit and pain reduction attributable to use of Gabapentin is not demonstrated in the available records. The request for neurontin 300mg, thirty count, is not medically necessary or appropriate.