

<b>Case Number:</b>	CM14-0108384		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/16/2010
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Internal Medicine and is licensed to practice in District of Columbia and Virginia. 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:

This is a 58 year old patient who sustained an injury on Nov 16 2010. She underwent a right shoulder arthroscopy and debridement SLAP tear, and multiple other shoulder procedures on Feb 3 2011. She underwent shoulder manipulation and examination under anesthesia on Jun 21 2011. She had ongoing issues with shoulder spasms. The patient was seen by [REDACTED] for follow up and was thought to have depression secondary to inadequate healing of here injury. She had a psychiatry consultation and follow up. She was noted to have past suicide attempts and had a neuropathic component to her arm pain from deep within her right shoulder. She was prescribed Terocin patches, Neurontin, Zanaflex, Zofran, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psych Consult/ Assesment/Treatment:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Psychological Evaluations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines Chapter 6, pages 115 and 163

**Decision rationale:** Per ACOEM Guidelines, a consultation is supposed to aid in the assessment of diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. The patient was evaluated by a psychologist but it is not clear if the assessment is for stress and insomnia had been approved. From the documentation provided, a psychiatry consultation does appear to be supported as patient has known past psychiatric issues and developed worsening depression.

**Treatment Continued for Unspecified Constipation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** There is no documentation which states what medication the patient is to receive. Also the medical indication for this medication is not specified, therefore the treatment is not medically necessary

**Retrospective Neurontin 600mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

**Decision rationale:** Recommended for neuropathic pain (pain due to nerve damage. (Gilron, 2006) (Wolfe, 2004)(Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007) hereis a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. 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. (Attal, 2006) The choice of specific agents reviewed below will depend on the balance between effectiveness and adverse reactions. See also specific drug listings below: Gabapentin Neurontin, Pregabalin (Lyrica). The patient was noted to have numbness and referred pain from the neck and shoulder region; this is consistent with neuropathic pain and Neurontin would be medically indicated for this as part of treatment.

**Retrospective Terocin Patches 12hr on 12hr off #10: 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 lidocaine Page(s): 38, 56, 28, 29, and 105.

**Decision rationale:** Terocin contains lidocaine, methyl salicylate, capsaicin. Per MTUS, Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritic. For more information and references, see Topical analgesics. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Recommended only as an option in patients who have not responded or are intolerant to other treatments. The 0.00375% formulation of capsaicin is not recommended and there is no evidence of first-line therapy trial. Methyl salicylate, a component of topical salicylate is recommended for musculoskeletal pain, not neuropathic pain. Therefore, Terocin is not medically indicated.

**Retrospective Tizanidine 4mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

**Decision rationale:** Tizanidine (Zanaflex, generic available) is a centrally acting alpha<sub>2</sub> adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007) Side effects: Somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). (See, 2008) Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. (See, 2008) Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic amino transaminase elevations that are usually asymptomatic and reversible with discontinuation. From the clinical documentation provided, the patient was found to have muscle spasms and neuropathic pain. Therefore, it does appear medically necessary for the patient to benefit from a muscle relaxant.

**Retrospective Omeprazole 20mg #60:** Upheld

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

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

**Decision rationale:** Per MTUS, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Per the documentation provided there is no indication that the patient had any risk factors which would require GI prophylaxis and therefore this would not be indicated.

**Retrospective Zofran 8mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Scape Anti-Emetic

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zofran-drug/indications-dosage.htm>>

**Decision rationale:** Zofran indications: 1. Prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, including cisplatin 50 mg/m<sup>2</sup>. 2. Prevention of nausea and vomiting associated with initial and repeat courses of moderately emetogenic cancer chemotherapy. 3. Prevention of nausea and vomiting associated with radiotherapy in patients receiving either total body irradiation, single high-dose fraction to the abdomen, or daily fractions to the abdomen. 4. Prevention of postoperative nausea and/or vomiting. As with other antiemetics, routine prophylaxis is not recommended for patients in whom there is little expectation that nausea and/or vomiting will occur postoperatively. In patients where nausea and/or vomiting must be avoided postoperatively, Zofran Tablets, Zofran ODT Orally Disintegrating Tablets, and Zofran Oral Solution are recommended even where the incidence of postoperative nausea and/or vomiting is low. Per the clinical documentation provided, the patient did too many of the indications listed above to warrant this medical intervention.

**Retrospective Omeprazole DR 20mg #60:** Upheld

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

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

**Decision rationale:** Per MTUS, Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). The patient was taking NSAIDs but did not have any risk factors to warrant a PPI, so this would not be medically indicated.

