

<b>Case Number:</b>	CM14-0138053		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	05/09/2001
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 59 year old female presenting with chronic pain following a work related injury on 05/09/2001. The claimant is status post bilateral shoulder surgeries, and right knee surgery. The physical exam showed mildly limited range of motion, pain and tenderness of the paracervical trapezius musculature, worse on the right than on the left, right shoulder with limited range of motion secondary to pain, positive impingement maneuver, antalgic gait with use of a cane, mild resolving ecchymosis over the anterior aspect of the proximal tibia of the left knee, positive McMurray's sign, joint line tenderness medially more so than laterally, and pain and tenderness worse on the left than the right, limited range of motion of the lumbar spine and positive bilateral straight leg raise. The claimant's medications included Gabapentin, Naproxen, Sprix Nasal Spray, Tramadol, Spiriva, Albuterol, Lyrica, Januvia, Ambien, Nuvigil, Azor and compounding creams. The claimant was diagnosed with face and neck injury, salivary secretion disease, dislocation jaw-closed, sprain rotator cuff, adhesive capsulitis shoulder, rotator cuff rupture, osteoarthritis NOS-shoulder, sprain of neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 with 3 refills:** 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.

**Decision rationale:** Naproxen 550mg #60 with 3 refills is not medically necessary. Naproxen is a nonsteroidal anti-inflammatory medication. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time he has been on oral anti-inflammatories. Additionally, a diagnosis of osteoarthritis has not been documented in the medical records. The medication is therefore not medically necessary.

**Gabapentin 600mg #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 17-19.

**Decision rationale:** Gabapentin 600mg #90 with one refill is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines pages 17-19 recommended for neuropathic pain (pain due to nerve damage. There is 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 post-herpetic 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. Additionally, Per MTUS One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. The claimant did not show improved function on her most recent office visit. Additionally, Neurontin is recommended for neuropathic pain. The claimant was not diagnosed with Neuropathic pain; therefore, the requested medication is not medically necessary.

**Metamucil #120 with 3 refills:** 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): 79.

**Decision rationale:** Metamucil (Phylum) #120 with 3 refills is not medically necessary. Per CA MTUS page 77 of the Opioid section: Initiating Therapy: Prophylactic treatment of constipation

should be initiated. The medical records lack documentation that opioids were recently initiated or an issue with constipation as a result thereof. Based on CA MTUS guidelines and review of the medical records, Metamucil is not medically necessary.

**Donatal 0.125mg #120 with 3 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference

**Decision rationale:** Donatal 0.125mg #120 with 3 refills is not medically necessary. CA MTUS and ODG do not make a statement in regards to this medication. The physician desk reference states that this medication is FDA approved for discomfort associated with irritable bowel syndrome or peptic ulcer disease. The claimant's medical records lack such documentation; therefore, the requested medication is not medically necessary.