

<b>Case Number:</b>	CM14-0147430		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 injured worker is a 50-year-old male who reported an injury on 01/20/2003. The mechanism of injury was cumulative trauma. His diagnoses were noted to include cervical disc herniation at the C6-7 level, headaches, anxiety, stress, left cubital tunnel release, status post left lateral epicondylar release, right lateral/medial epicondylitis, right carpal tunnel syndrome, status post anterior cervical discectomy and fusion at C6-7, shoulder pain, status post left shoulder arthroscopy, bilateral upper extremity overuse tendinopathy, and cervical disc herniation with intermittent radiculopathy at C5-6. His past treatments were noted to include medications and physiotherapy. On 09/26/2014, the patient was noted to have moderate to moderately severe pain in the neck with left arm radiculopathy. The injured worker noted that his pain increased due to physical activity and radiated from his left arm to his hand, causing numbness and tingling to the fingers. He rated his left elbow pain a 7/10. Upon physical examination, it was noted the patient had tenderness upon palpation to the paraspinal musculature of the cervical region and anterior neck as well as decreased range of motion. It was also noted he had tenderness to the medial epicondyle, lateral epicondyle, and olecranon process as well as slightly decreased range of motion to his elbow. His medications were noted to include Neurontin, Vicodin, naproxen, Seroquel, Klonopin, Latuda, Ativan, Wellbutrin, and Risperdal. The treatment plan was noted to include gabapentin 600 mg #60 (3 times a day as needed), Prilosec 20 mg #60 (twice a day as needed), and a TENS unit. A request was received for pain management consultation for medication control, extracorporeal shockwave therapy for the neck, extracorporeal shockwave therapy for the left elbow, gabapentin 600 mg #60, Norco 10/325 mg #60, Prilosec 20 mg #30, and re-evaluation in 3 months for extracorporeal shockwave therapy for the neck. Rationales for the request include gabapentin for neuropathic pain and Prilosec for gastrointestinal upset; however, the rationales for the additional requests were not included. The Request for

Authorization for gabapentin and Prilosec was signed on 09/26/2014; however, the additional requests did not have a Request for Authorization provided.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pain management consultation for medication control: 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 Official Disability Guidelines (ODG) Pain, Office visits

**Decision rationale:** The request for pain management consultation for medication control is not medically necessary. According to the Official Disability Guidelines, office visits are recommended to be medically necessary based on the review of patient and physician concerns, signs and symptoms, clinical stability, and if the patient is on medications that require monitoring, such as opiates and/or antibiotics. The clinical documentation provided did not note that the patient was on antibiotics nor opiates requiring monitoring, and the documentation also noted that there was no change in the review of systems from her previous report dated 03/20/2014. In the absence of documented patient and physician concerns, clinical instability, and signs and symptoms, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

#### **Extracorporeal shockwave therapy for the neck: 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 Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy (ESWT)

**Decision rationale:** The request for extracorporeal shockwave therapy for the neck is not medically necessary. The Official Disability Guidelines do not specifically address extracorporeal shock wave therapy for the neck. Therefore, guidelines in regard to the elbow are being referenced to determine the medical necessity of this request. According to the Official Disability Guidelines, extracorporeal shock wave therapy (ESWT) is not recommended. However, the guidelines discuss the criteria for the use of ESWT are documented pain in spite of 6 months standard treatment and documentation showing that at least 3 conservative treatments have been made including rest, ice, NSAIDs, orthotics, physical therapy, and injections. The injured worker was noted to have radiating pain from his neck; however, there is no evidence of 6 months of standard treatment nor conservative treatments. In the absence of documentation regarding the criteria for use, and as the EWST is not recommended by the evidence based guidelines, the request is not supported. As such, the request is not medically necessary.

**Extracorporeal shockwave therapy for the left elbow: 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 Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy (ESWT)

**Decision rationale:** The request for extracorporeal shockwave therapy for the left elbow is not medically necessary. According to the Official Disability Guidelines, extracorporeal shock wave therapy (ESWT) is not recommended. However, the guidelines discuss the criteria for the use of ESWT are documented pain in spite of 6 months standard treatment and documentation showing that at least 3 conservative treatments have been made including rest, ice, NSAIDs, orthotics, physical therapy, and injections. The injured worker was noted to have left elbow pain. However, the clinical documentation did not note 6 months of standard treatment nor any conservative treatments that have been performed. In the absence of documentation regarding previous treatment, and as the guidelines do not recommend this therapy, the request is not supported. As such, the request for extracorporeal shockwave therapy for the left elbow is not medically necessary.

**Gabapentin 600mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16.

**Decision rationale:** The request for gabapentin 600mg, #60 is not medically necessary. According to the California MTUS Guidelines, gabapentin is FDA approved for the treatment of postherpetic neuralgia. The patient was not noted to have postherpetic neuralgia as a diagnosis. Therefore, the request is not supported by the evidence based guidelines. Additionally, the request does not specify frequency or duration of use. As such, the request for gabapentin 600mg, #60 is not medically necessary.

**Norco 10/325mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 68.

**Decision rationale:** The request for Norco 10/325mg, #60 is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The injured worker was noted to have pain to her neck, left shoulder, and left elbow which affected her activities of daily living. However, it was not noted what her pain and activities of daily living were with and without the use of medication. The clinical documentation submitted for review also did not address any adverse side effects, nor was a urine drug screen submitted to support medication compliance. Furthermore, the clinical documentation did not address the use or the projected use of the requested medication. In the absence of pain and ADLs with and without medications, adverse side effects, and a urine drug screen, the request is not supported by the evidence based guidelines. Additionally, the request did not specify duration or frequency of use. As such, the request for Norco 10/325mg, #60 is not medically necessary.

**Prilosec 20mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20mg, #30 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors such as omeprazole are to be used for those at risk for gastrointestinal events, including those older than 65 years; history of peptic ulcer or GI bleeding; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; and use of NSAIDs. The documentation did not note that the injured worker was at risk for gastrointestinal events nor taking NSAIDs to warrant the medical necessity of Prilosec. In the absence of documentation noting that this injured worker was at risk or suffered from gastrointestinal events, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration or frequency of use of this medication. As such, the request for Prilosec 20mg, #30 is not medically necessary.

**Re-evaluation in 3 months of extracorporeal shockwave therapy for the neck:** 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 Official Disability Guidelines (ODG) Elbow, Extracorporeal shockwave therapy (ESWT)

**Decision rationale:** The request for re-evaluation in 3 months of extracorporeal shockwave therapy for the neck is not medically necessary. The Official Disability Guidelines do not specifically address extracorporeal shock wave therapy for the neck. Therefore, guidelines referring to the elbow for this treatment are referenced. According to the Official Disability

Guidelines, extracorporeal shock wave therapy is not recommended. However, the criteria for use must be met to obtain this therapy. As there is lack of documentation regarding the criteria for use of ESWT, the services were not deemed medically necessary. Consequently, a re-evaluation of the therapy is not supported by the evidence based guidelines. As such, the request for re-evaluation in 3 months of extracorporeal shockwave therapy for the neck is not medically necessary is not medically necessary.