

<b>Case Number:</b>	CM14-0026700		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/04/2001
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Medicine and is licensed to practice in Texas. 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 55 year old female whose date of injury was on 02/04/01. The submitted clinical records included evaluations from agreed medical evaluators (AME) and qualified medical evaluators (QME) which noted that the injured worker had multiple Workers' Compensation claims. The injured worker currently was reported to have multiple diagnoses including: thoracic dystonia, right shoulder pain, low back pain, carpal tunnel syndrome, and surgical neuroma right wrist. Non-work related conditions included: diabetes mellitus, hypothyroidism, vitamin D deficiency, hyperlipidemia, and obesity. Per the most recent clinical notes the injured worker had continued complaints of right sided neck, upper back, and upper back pain. The injured worker further reported progressive symptoms in the low back radiating down the left lower extremity. Symptoms were reported to come and go had been responding to physical therapy. Massage treatments seemed to be helping her the most. The injured worker reported increasing numbness in bilateral hands and that low back symptoms had flared over the past year. On physical examination she had reduced surgical reduced cervical range of motion. Adson test was reported to produce mild paresthesias down bilateral upper extremities right greater than left. Deep tendon reflexes were 2+ and symmetric. Sensation to pin was diminished in the right lateral thigh and anteromedial right knee when compared to the left. The injured worker subsequently received corticosteroid injection in the right upper back. Radiographs dated 01/13/14 showed some mild degenerative changes at L5-S1 facets. Radiographs of the right shoulder dated 01/13/14 showed no evidence of acute fracture there was a bone island noted in the humeral head. There was no significant joint pain narrowing or subluxation. The injured worker appeared to be symptomatically worse. However, her physical findings were similar to what she demonstrated one year ago. It appeared the main problem was lack of access to general medical care for non-industrial problems. The injured worker was subsequently recommended to

increase Neurontin to 100mg three times a day. It was recommended that updated routine labs be performed. The injured worker was recommended to seek treatment on a non-industrial basis for her comorbid conditions. Utilization review determination dated 02/08/14 non-certified the requests for corticosteroid injection, Neurontin 100mg, and updated labs.

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

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

**ONE INJECTION OF 0.5 CC OF 1% LIDOCAINE, 0.5 CC OF 0.5% MARCAINE, AND 0.5CC OF DEXAMETHASONE 2 MG TO RIGHT UPPER BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections, page(s) 122 Page(s): 122.

**Decision rationale:** The request for one injection of 0.5 cc of 1% Lidocaine, 0.5 cc of 0.5% Marcaine, and 0.5cc of Dexamethasone 2 mg to right upper back is not supported as medically necessary. The submitted clinical records indicate that the claimant has right upper back pain. The records do not describe a discrete trigger point for which this medication would be clinically indicated. As such the medical necessity has not been established based on Chronic Pain Medical Treatment Guidelines.

**NEURONTIN 100 MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs, page(s) 16-22 Page(s): 16-22.

**Decision rationale:** The request for Neurontin 100mg is recommended as medically necessary. Records indicate that the claimant has neuropathic pain. She appears to have some involvement with brachiolexus based on examination and history of carpal tunnel syndrome and sensory deficits in the lower extremities for which the use of this medication would be clinically indicated and therefore medically necessary based on Chronic Pain Medical Treatment Guidelines.

**ONE UPDATED ROUTINE LAB TO INCLUDE: COMPLETE BLOOD COUNT (CBC), CHEMISTRY PANEL, HEMOGLOBIN A1C AND VITAMIN D:** Overturned

**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 Opioids  
Page(s): 74-80.

**Decision rationale:** The request for one updated routine lab to include: complete blood count (cbc), chemistry panel, hemoglobin A1c and vitamin D is recommended as medically necessary. The submitted clinical records indicate that the claimant is at a tertiary level of care and is seen semi-annually to annually for periodic follow ups. Given the chronicity of her condition and the chronic use of oral medications this laboratory panel would be considered medically necessary based on Chronic Pain Medical Treatment Guidelines.