

<b>Case Number:</b>	CM14-0031426		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/14/2007
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and Rehabilitation, 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 49 year old female who sustained an injury on 11/14/07 due to repetitive neck strain injuries. The injured worker was followed for complaints of neck pain with pain in the upper extremities. Prior treatment included acupuncture therapy and cortisone injections. The injured worker was also seen for chiropractic treatment. The injured worker was recommended for functional restoration program in July of 2013. The injured worker was being followed by pain management. Medications included omeprazole 20mg, Neurontin 600mg six times daily, Orudis 75mg three times daily, and a tennis elbow splint. As of 01/30/14 the injured worker continued to report pain in the bilateral shoulders with occasional numbness in the hands. The injured worker was not currently working. Physical examination noted tenderness over the left lateral epicondyle with sensory loss. Range of motion was decreased in the cervical spine and strength was decreased in bilateral shoulders. The injured worker was prescribed Lunesta at this visit in addition to omeprazole, Neurontin, and Orudis. The clinical record on 02/10/14 noted continuing loss of cervical range of motion with intact strength in the upper extremities on physical examination. There were trigger points in the neck and shoulders with positive Tinel and Phalen signs at the wrist and hand. Follow up with pain management physician on supplemental report, on 02/20/14 noted that the injured worker was provided a home transcutaneous electrical nerve stimulation (TENS) unit as this equipment provided relief when the injured worker was attending physical therapy. The injured worker reported functional improvement and pain reduction with TENS unit and received TENS pads every regularly every few months. The injured worker was recommended for personal unit to address her ongoing neuropathic pain in the upper extremities. The injured worker reported limited success with narcotics, naproxen, Neurontin, or Zanaflex but had significant relief with TENS unit. The injured worker was reported to have a history of gastroesophageal reflux disease that was

worsened with anti-inflammatories. The injured worker described good pain control in the past with continued anti-inflammatories. The injured worker was recommended to continue Orudis. The injured worker also had disruptive sleep which supported Lunesta. The requested consultation, urine drug screen, TENS unit with two pads, Neurontin 600mg, Orudis 75mg, Lunesta, and omeprazole 20mg were denied by utilization review on 02/25/14.

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

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

#### **UNKNOWN REQUEST FOR CONSULTATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page (s) 32.

**Decision rationale:** In regards to the requested unspecific consult, it is unclear from the request which specific provider the injured worker is being referred to and for what reason. The supplemental report on 02/28/14 did not discuss further referrals for the injured worker. Without understanding what additional information would be obtained for this injured worker with a specific referral for consultation, this reviewer would not have recommended this request as medically necessary.

#### **ONE URINE DRUG SCREEN: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, urine drug screen.

**Decision rationale:** In regards to the request for a urine drug screen, the injured worker had previous urine drug screens which all contained negative findings. There was no additional information regarding any concerns for increased risk for medication non-compliance or aberrant medication use. As of 02/14 the injured worker was not being actively prescribed controlled medications. Given the lack of any indication for increased risk factors for medication abuse or non-compliance, this request is not medically necessary.

#### **ONE TENS UNIT WITH TWO (2) TENS PADS: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 113-117.

**Decision rationale:** Based on additional clinical information, the injured worker utilized a Transcutaneous Electrical Nerve Stimulation (TENS) unit in the past while undergoing therapy which resulted in substantial pain improvement. The injured worker had better pain improvement with TENS unit as compared to multiple medications including anti-inflammatories neuropathic medications or muscle relaxers. Given the significant functional benefit and pain reduction obtained with a TENS unit while undergoing active therapy this would support a permanent unit provided to the injured worker with associated pads to conduct electrotherapy signals to the musculature. Therefore this request is medically necessary per Chronic Pain Medical Treatment Guidelines.

**NEURONTIN 600 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines.

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

**Decision rationale:** In regards to the request for Neurontin 600mg, this medication is not medically necessary based on clinical documentation submitted for review and current evidence based guidelines. Although the injured worker presents with evidence of neuropathic symptoms in the upper extremities, the additional clinical information clearly indicated that anticonvulsant medications including Neurontin was not beneficial as compared to other treatments such as a TENS unit. Given that the clinical documentation indicated Neurontin had not been beneficial to the injured worker and as the request was non-specific in regards to frequency, duration, or quantity, this request is not medically necessary.

**ORUDIS 75 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs Page(s): 67-68.

**Decision rationale:** In regards to the request for Orudis 75mg, this medication is not medically necessary. Per the additional information provided, there were indications that anti-inflammatories had not been beneficial for the symptoms as compared to a TENS unit. A guideline does not recommend extended use of anti-inflammatory medications due to increased risk factors for side effects. This injured worker already is noted to have side effects including gastro esophageal reflux disease with anti-inflammatories. Given the lack of evidence within clinical literature establishing that prescription anti-inflammatories are any more effective than

standard over the counter medications for long term use of musculoskeletal pain, and as the request was non-specific in regards to frequency, duration, or quantity, this request is not medically necessary.

**LUNESTA:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatment.

**Decision rationale:** In regards to the request for lunesta, the injured worker was reported to have had sleep difficulties secondary to pain in the cervical spine. There is no documentation of evidence of insomnia. No sleep index scores were available for review and the injured worker did not have any findings from a polysomnography study. Given the insufficient evidence for insomnia for this injured worker that would reasonably require Lunesta, as it is unclear what benefits were provided for the injured worker with Lunesta, and as the request was non-specific in regards to dose, frequency, duration, or quantity this request is not medically necessary.

**OMEPRAZOLE 20 MG:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** In regards to the request for Omeprazole 20mg, this medication is medically necessary based on the additional clinical documentation provided. Per the records the injured worker had an increase in gastroesophageal reflux disease with anti-inflammatories. Given these findings the use of a proton pump inhibitor to address gastroesophageal reflux disease which was exacerbated by anti-inflammatories is medically necessary and appropriate.