

<b>Case Number:</b>	CM14-0031497		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/20/2003
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Neurological Surgery 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 49-year-old male who was reportedly injured on January 20, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated May 23, 2014 indicated that there were ongoing complaints of stabbing and aching neck pain with left upper extremity radiculopathy. The pain scale was 9-10/10. Left shoulder pain was described as pins and needles with pain level of 7-8/10. Left elbow pain was stabbing with pins and needles with pain level 7- 8/10. He also complained of pain in his head, chest and right elbow. Review of systems remained unchanged. The physical examination demonstrated a male height 5 feet 8 inches and 201 pounds. Cervical spine demonstrated tenderness to palpation. Mild spasms were noted. Sensation was intact. Motor strength was normal, except for mild shoulder elevation weakness. Range of motion of the cervical spine was as follows: flexion 35, extension 35, rotation to the right, 40 rotation to the left 40, right tilt 30 and left tilt 30. The deep reflexes were symmetrical bilaterally. Mild positive head compression and negative Spurling's maneuver. Waddell sign was negative. Examination of the right elbow revealed a positive Tinel's sign of antecubital, radial and ulnar nerves. Decreased sensation in the ulnar nerve distribution. Tenderness to palpation in the medial, lateral epicondyle and olecranon processes. Range of motion was minimally decreased. Previous surgeries or treatments included left cubital tunnel release, left lateral epicondylar release, anterior cervical discectomy and fusion at C6-C7, left shoulder arthroscopy and oral medications included Vicodin, Neurontin, Naprosyn, Seroquel, Klonopin, Ativan, Wellbutrin, Latuda, Norco, omeprazole, topical medication and psychotherapy. A request has been made one Pro-Stim 5.0 unit with supplies, Fluriflex, TGIce 180 mg, Naprosyn 550 mg #60, Neurontin 600 mg #90, Norco 10/325 mg #90 and omeprazole 20 mg #30 and was not certified in the pre-authorization process on February 13, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One Pro-Stim 5.0 unit with supplies:** 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 Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** It is recommended against using a transcutaneous electrical nerve stimulator (TENS) unit as a primary treatment modality and indicates that one month trial must be documented prior to purchase. Based on the documentation, there was no previous trial of a TENS unit or physical therapy. Also, this unit is a four lead unit and there was no documentation why this unit was needed. The request for One Pro-Stim 5.0 unit with supplies is not medically necessary or appropriate.

**FluriFlex:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Fluriflex is a combination of Fluriprofen and cyclobenzaprine. Topical analgesics are "largely experimental "in any product, that contains at least one drug (or drug class) that is not recommended, is not recommended. There is little evidence to support the use of non-steroidal for neuropathic pain. In addition, the guidelines state there is no evidence to support the use of topical cyclobenzaprine. The request for FluriFlex is not medically necessary or appropriate.

**TGIce 08/10/2/2% 180 grams cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** Topical analgesics are "largely experimental," and that any compound product, that contains at least one drug (or drug class) that is not recommended, is not recommended. The guidelines note that there is little evidence to support the use of topical. They are not used as the first line of treatment. Furthermore, the patient has showed no functional

improvement. The request for TGIce 08/10/2/2% 180 grams cream is not medically necessary or appropriate.

**Naproxen 550mg, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

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

**Decision rationale:** Anti-inflammatories, such as Naprosyn, are traditionally the first line treatment to reduce pain, so activity and functional restoration can resume. The long-term use is usually not warranted. The patient has been diagnosed with cervical disc herniation, carpal tunnel syndrome, chronic shoulder pain and bilateral elbow tendinopathy. The request for Naproxen 550mg, sixty count, is not medically necessary or appropriate.

**Gabapentin 600mg, ninety count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

**Decision rationale:** Gabapentin is considered the first line of treatment for neuropathic pain, post herpetic neuralgia and diabetic neuropathy. Documentation provided does not provide any clear evidence of neuropathic type pain. He was given a diagnoses of chronic shoulder pain, cervical disc herniation and bilateral elbow tendinopathy. The request for Gabapentin 600mg, ninety count, is not medically necessary or appropriate.

**Norco 10/325mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (hydrocodone/acetaminophen).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78.

**Decision rationale:** Norco is used for short term management of moderate to severe breakthrough pain. It should include the lowest possible dose to improve pain and function as well as ongoing review and documentation of pain relief, functional status, proper medication use and side effects. The injured worker did suffer from chronic pain; however, there was no clinical documentation improvement in his pain or function with the current regimen. The request for Norco 10/325mg, ninety count is not medically necessary or appropriate.

**Omeprazole 20mg, 100 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend determining of the patients at risk for gastrointestinal event when utilizing nonsteroidal anti-inflammatory drugs. Risk factors include age greater than 65 years old, history of peptic ulcer disease, gastrointestinal bleeding or perforation concurrent with use of aspirin, corticosteroids or anticoagulants or high dose multiple nonsteroidal anti-inflammatory drugs. The claimant has no risk factors documented. It was prescribed for gastrointestinal upset. The request for Omeprazole 20mg, 100 count is not medically necessary or appropriate.