

<b>Case Number:</b>	CM14-0197684		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	02/20/2002
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 20, 2002. In a Utilization Review Report dated November 7, 2014, the claims administrator partially approved request for a one-year supply of hydrocodone as a 30-tablet supply of the same, partially approved a request for a one-year supply of gabapentin as two-month supply of the same, denied diazepam outright, denied a Kenalog injection to the shoulder, partially approved a request for a one-year supply of Risperdal as two-month supply of the same, partially approved a request for a one-year supply of Paxil as a one-month supply of the same, and partially approved a request for a one-year supply of benztropine as a one-month supply of the same. The claims administrator stated that its decisions are based on reports of July 8, 2014 and September 4, 2014, coupled with an RFA form dated October 27, 2014. The applicant's attorney subsequently appealed. On January 7, 2014, the applicant reported ongoing complaints of shoulder pain and chronic obstructive pulmonary disease (COPD). The applicant was having issues with recent flare of COPD resulting in wheezing. The applicant was status post right and left shoulder surgeries and was still smoking everyday. The applicant's medication list included albuterol, Lipitor, benztropine, Phenergan with Codeine, Valium, Flonase, Neurontin, topical lidocaine ointment, Norco, Paxil, Prilosec, albuterol, Risperdal, Symbicort, Voltaren, and Zyrtec. The applicant was asked to discontinue Paxil and Phenergan with Codeine, it was stated at the bottom of the report. Norco was prescribed. X-rays of the knee and low back were ordered. On July 8, 2014, the applicant again reported ongoing complaints of shoulder pain, bilateral, with associated posttraumatic stress disorder issues. The applicant also reported ankle pain, headaches, and neck pain. The applicant was still smoking everyday. The applicant was status post left and right shoulder surgeries as well as right leg surgery of some kind. The applicant's medications included

albuterol, Lipitor, benztropine, Valium, Dulera, Neurontin, lidocaine, Medrol, Norco, Prilosec, Paxil, Phenergan with Codeine, Risperdal, Ventolin, Voltaren, Zostavax, and Zyrtec. It was not clear when the applicant's medications were last updated. Multiple medications were refilled, including topical Voltaren, Risperdal, Paxil, Neurontin, Valium, and benztropine, again without any explicit discussion of medication efficacy. On September 4, 2014, the applicant again reported worsening shoulder and leg pain. The applicant was given diagnosis of ankle pain, foot pain, low back pain, and shoulder pain. On September 4, 2014, the applicant was given a refill of Voltaren gel, again without any explicit discussion of medication efficacy. On November 17, 2014, the applicant again reported ongoing complaints of shoulder pain and posttraumatic stress disorder. The applicant had not fared well. The applicant reportedly felt better now that she received some of her pain medications. This was not expounded upon. Norco was refilled. In an RFA form dated October 27, 2014, the attending provider sought authorization for monthly office visits, quarterly to biannual shoulder injections for shoulder tendonitis, monthly pain relief medications, and psychotropic medications for anxiety, depression, and posttraumatic stress disorder. Little to no narrative commentary was attached to the RFA form. There was some incidental mention of the applicant's having sustained some emotional trauma and/or posttraumatic psychological stress associated with her original injury. There was no mention made of issues with psychosis and schizophrenia, however, nor was there any discussion of psychotropic medication efficacy.

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

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

**Hydrocodone 10 mg #60 times 1 year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. The applicant's work status has not been clearly outlined on multiple office visits, referenced above, although it does not appear that the applicant was working. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as results of ongoing Norco (Hydrocodone) usage. Therefore, the request is not medically necessary.

**Gabapentin 600mg #90 times 1 year: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

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

**Decision rationale:** As note on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin (Neurontin) should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, the applicant is seemingly off of work. Ongoing usage of Gabapentin has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider has failed to outline any meaningful improvements in function or quantifiable decrements in pain achieved as a result ongoing Gabapentin usage. The applicant's comments to the effect that she is still having difficulty performing activities of daily living as basic as standing and walking do not make a compelling case for continuation of Gabapentin, although it is acknowledged that some of her constraints may be a function of her COPD as opposed to her chronic pain concerns. Nevertheless, the attending provider has failed to specifically recount any material benefits with ongoing Gabapentin usage. Therefore, the request is not medically necessary.

**Diazepam 5mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the applicant had been using Valium (Diazepam) for what appears to be a span of several years. The applicant was using Diazepam (Valium) on an earlier note of October 11, 2013. Continued usage of Diazepam at the four times daily rate suggested by the attending provider is at odds with the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.

**Kenalog Injection Right Shoulder every 3-6 months:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214, prolonged or frequent use of cortisone injections into the subacromial space or the shoulder joint is "not recommended." In this case, the attending provider has not recounted how many prior Kenalog injections the applicant has or has not had. The attending provider has not clearly stated what the applicant's response to prior Kenalog injections was (if any). The request for Kenalog injection therapy at a rate and frequency of every three to six months, furthermore, runs

counter to the philosophy espoused in ACOEM Chapter 9, Table 9-6, page 213. Therefore, the request is not medically necessary.

**Risperdal 3mg #30 times 1 year: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 15 Stress Related Conditions Page(s): 47, 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that continuing with an established course of antipsychotics is important, this recommendation is qualified by commentary made on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into choice of recommendations. In this case, the attending provider has not clearly outlined how (or if) Risperdal has been effective here. It has not been established for what purpose the applicant is using Risperdal. The applicant does not appear to carry either diagnosis of bipolar disorder or schizophrenia for which Risperdal would be indicated. Therefore, the request is not medically necessary.

**Paroxetine 40mg #45 times 1 year: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as paroxetine "Paxil" "may be helpful" to alleviate symptoms of depression, in this case, however, the attending provider's progress notes focused on discussion of the applicant's issues with COPD and shoulder pain. There was no mention made of issues with depression for which ongoing usage of Paroxetine would have been indicated. The only note on which issues with depression were raised was an October 27, 2014 RFA form. No narrative commentary was attached to the same. It was not clearly stated, furthermore, whether ongoing usage of Paroxetine (Paxil) had been effective in attenuating the applicant's presumed depressive symptoms. Therefore, the request is not medically necessary.

**Benzotropine .5mg #30 times 1 year: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on

Non-MTUS Citation Food and Drug Administration (FDA), Cogentin (Benztropine) Medication Guide

**Decision rationale:** While the MTUS does not address the topic of Benztropine, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration notes that Benztropine (Cogentin) is indicated in the treatment of all forms of Parkinsonism and/or extrapyramidal disorders. In this case, however, there was no mention of the applicant's carrying diagnoses of Parkinsonism and/or extrapyramidal disorders for which ongoing usage of Cogentin (Benztropine) would have been indicated. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. The attending provider did not, however, clearly outline whether or not Cogentin (Benztropine) was or was not effective here. Therefore, the request is not medically necessary.

**Benzotropine 1mg #30 times 1 year: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Cogentin (Benztropine) Medication Guide

**Decision rationale:** While the MTUS does not address the topic of Benztropine, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration notes that Benztropine (Cogentin) is indicated in the treatment of all forms of Parkinsonism and/or extrapyramidal disorders. In this case, however, there was no mention of the applicant's carrying diagnoses of Parkinsonism and/or extrapyramidal disorders for which ongoing usage of Cogentin (Benztropine) would have been indicated. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. The attending provider did not, however, clearly outline whether or not Cogentin (Benztropine) was or was not effective here. Therefore, the request is not medically necessary.