

<b>Case Number:</b>	CM14-0203200		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Internal 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 (IW) is a 49-year-old woman with a date of injury of May 12, 2011. She sustained injury to her neck, left shoulder and back. The exact mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic neck pain; chronic right shoulder pain; chronic left shoulder, history of rotator cuff repair from November 12, 2011; diabetes mellitus, treated by [REDACTED]; EMG dated October 2, 2012 which is consistent with moderate right carpal tunnel syndrome; and rule out left mid-cervical spine facet joint mediated pain. Pursuant to a progress note dated November 4, 2014, the IW complains of bilateral shoulder and neck pain. The reports that she was using a TENS unit in the past, which helped, but had to turn it in a few months ago. The IW had a QME June 6, 2014 who recommended a follow-up with an orthopedist for her shoulder and neck pain. Her appointment is scheduled for December 4, 2014. Examination of the shoulders reveals decent range of motion (ROM) with abduction and flexion. She has pain and facial grimacing during the motion, but she is able to abduct and flex to about 170 degrees bilaterally. She has decreased ROM with cervical flexion, which is about 50% of normal. The cervical extension appears to be within normal limits. The IW reports cervical extension helps relieve some of the pain in her neck. Current medications include Norco 10/325mg, Motrin 800mg, Prilosec 20mg, Gabapentin 300mg, Zanaflex 4mg, and Colace 100mg. The provider documents the IW has used Lidoderm patches in the past, and they helped. There was no pain assessments or evidence of objective functional improvement associated with Lidoderm patched. The clinical indication or rationale for Gabapentin was not documented in the medical record. There are no subsequent progress notes indicating objective functional improvement. The treating physician states in the treatment plan, "We will obtain a urine drug screen". No other documentation was provided regarding why the

urine drug screen was being requested. The current request is for DME: H-wave unit, Lidoderm patches #60, urine drug screen, and Neurontin 300mg #30.

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

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

**H-wave unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H Wave Stimulation Page(s): 117-118. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, H Wave Stimulation.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, H wave unit is not medically necessary. H wave stimulation is not recommended as an isolated intervention for chronic pain. There is insufficient evidence to recommend the use of H wave stimulation for treatment of chronic pain as no high quality studies on this topic are identified. There is no evidence that H wave stimulation is more effective as an initial treatment when compared to TENS unit for analgesic effects. The Official Disability Guidelines enumerate Patient Selection Criteria that should be documented by the medical care provider for each wave stimulation to be determined medically necessary. The Patient Selection Criteria include, but are not limited to, a trial basis if other noninvasive, conservative modalities have failed; the reason the physician believes H wave simulation may lead to functional improvement; the use of a TENS unit for at least one month has not resulted and functional improvement or reduction in pain; physical therapy, home exercise and medication have not resulted in functional improvement and reduction in pay; etc. In this case, the injured worker's working diagnoses are chronic neck pain any: chronic right shoulder pain; chronic left shoulder, history of rotator cuff repair November 12, 2011; diabetes mellitus; EMG consistent with moderate right carpal tunnel syndrome; and rule out left mid cervical spine facet joint mediated pain. The documentation in the medical record indicates the injured worker used TENS unit. The length of time is not clearly documented in medical record. It appears she received the tens unit in June 2014 and the documentation seems to indicate she had it in July, August, September and October but the documentation is unclear. The injured worker states she had improvement with the TENS unit but was unable to get authorization. There is no documentation from the treating physician why he believes H wave simulation may lead to functional improvement. There is no indication the patient received physical therapy or home exercise program that has not resulted in functional improvement. Consequently, absent the appropriate clinical documentation and the guidelines Patient Selection Criteria, H wave stimulation is not medically necessary.

**Lidoderm patches #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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 Section, Topical Analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patches #60 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after evidence of a first line therapy trial. In this case, the injured worker's working diagnoses are chronic neck pain; chronic right shoulder pain; chronic left shoulder, history of rotator cuff repair November 12, 2011; diabetes mellitus; EMG consistent with moderate right carpal tunnel syndrome; and rule out left mid cervical spine facet joint mediated pain. November 4, 2014 progress note states Lidoderm is used to reduce localized pain in paresthesias down the arm. There are no subjective complaints or objective findings in the respective part of the progress note. Lidoderm reduces localized pain and paresthesias - noted in the therapeutic section. Gabapentin is one of the medications listed in the medical record. However, the documentation does not indicate whether gabapentin is successful or unsuccessful in relieving neuropathic symptoms. Consequently, absent the appropriate clinical documentation supporting the presence of neuropathic pain (one of the criterion for Lidoderm patches according to the Official Disability Guidelines), clinical indication/rationale, Lidoderm patches #60 are not medically necessary.

**Urine drug screen:** 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 Section, Urine Drug Screen.

**Decision rationale:** Pursuant to the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic neck pain any: chronic right shoulder pain; chronic left shoulder, history of rotator cuff repair November 12, 2011; diabetes mellitus; EMG consistent with moderate right carpal tunnel syndrome; and rule out left mid cervical spine facet joint mediated pain. The treating physician indicated in a progress note dated November 4, 2014 "we will obtain urine drug screen". There was no clinical indication, clinical rationale, history of drug misuse or abuse or aberrant drug seeking behavior. Consequently, absent the appropriate clinical history, clinical indication and clinical rationale, urine drug testing is not medically necessary.

**Retrospective Neurontin 300mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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 Section, Neurontin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 300 mg #30 is not medically necessary. Neurontin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin (Neurontin) is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured workers working diagnoses are chronic neck pain; chronic right shoulder pain; chronic left shoulder, history of rotator cuff repair November 12, 2011; diabetes mellitus; EMG consistent with moderate right carpal tunnel syndrome; and rule out left mid cervical spine facet joint mediated pain. The documentation indicates the injured worker has a past medical history of diabetes. However, the documentation does not state whether the injured worker has a peripheral diabetic neuropathy that may be responsive to Neurontin. The documentation indicates Neurontin was first described in a November 4, 2014 progress note. The documentation does not contain the clinical indications for its use or the clinical rationale for its use. Neurontin is indicated for neuropathic pain conditions. There were no subsequent progress notes indicating objective functional improvement. Consequently, absent the appropriate clinical indication and/or clinical rationale for Neurontin use, Neurontin 300 mg #30 is not medically necessary.