

<b>Case Number:</b>	CM14-0210145		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	12/02/2011
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 51-year-old woman with a date of injury of December 2, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical ankylosis positive facet provocation, trapezius and levator scapula muscle spasm, paravertebral muscle spasm, occipital muscle spasm, radiating paresthesias to the upper extremity; right upper extremity repetitive injuries; bilateral shoulder ankylosis, right greater than left; right shoulder impingement; bilateral carpal tunnel syndrome; pain induced depression; migraine headache; medication sensitivity to Cymbalta; upper G.I. dysfunction due to no steroidal anti-inflammatory drugs; pain induced depression with suicidal ideation, persistent. There are three progress reports in the medical record from December of 2014. The first is dated December 3rd, the second, December 16th, and the third is dated December 29, 2014. There are many notations in the documentation that are copied from month to month. There is no documentation or mention of Gabapentin in these progress notes. The start date of Gabapentin is unclear and a total duration is unclear. There is no objective functional improvement in the medical record associated with Gabapentin use. The medical record indicates the IW has been taking Norco as far back as October 3, 2012. The documentation does not contain evidence of objective functional improvement. The IW requests refills for Norco without any clinical rationale for its ongoing use. According to the progress note dated December 29, 2014, the IW complains of significant pain following activities of daily living. The documentation indicates the IW is requesting refills of her current medications without change. Current medications include Norco 10/325mg, and Omeprazole 20mg. Examination of the cervical spine reveals right neck flexion provoked by pain. She has tenderness to palpation (TTP) with taught bands at myofascial trigger points. Range of motion is decreased, and spasms are present. Examination of the shoulders reveals supraspinatus tendon pain and paresthesias were

noted. Peripheral nerve examination is not changed per the treating physician. The current request is for Norco 10/325mg #60, and Gralise (Gabapentin) 300mg #60.

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

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

#### **One prescription of Gralise extended release Gabapentin 300 mg # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Gralise extended-release gabapentin 300 mg #90 is not medically necessary. Gabapentin is considered a first-line treatment for neuropathic pain. For additional details see the official disability guidelines in the chronic pain medical treatment guidelines. In this case, the injured worker's working diagnoses are cervical ankylosis positive facet provocation, trapezius and levator scapula muscle spasm, paravertebral muscle spasm, occipital muscle spasm, radiating paresthesias to the upper extremity; right upper extremity repetitive injuries; bilateral shoulder ankylosis, right greater than left; right shoulder impingement; bilateral carpal tunnel syndrome; pain induced depression; migraine headache; medication sensitivity to Cymbalta; upper G.I. dysfunction due to non-steroidal anti-inflammatory drugs; pain induced depression. The documentation contains three progress notes from December 2014. There is one dated December 3, one dated December 16 and one dated December 29. The documentation appears to be copies of the same notes. There is no gabapentin documented in those medical records. The start date of gabapentin is unclear and a total duration is unclear. There is no objective functional improvement in the medical record of gabapentin use. Consequently, absent clinical documentation to support the ongoing use of gabapentin, evidence of objective functional improvement, one prescription Gralise gabapentin 300 mg #90 is not medically necessary.

#### **One prescription of Norco 10/325 mg # 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Norco 10/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief,

functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical ankylosis positive facet provocation, trapezius and levator scapula muscle spasm, paravertebral muscle spasm, occipital muscle spasm, radiating paresthesias to the upper extremity; right upper extremity repetitive injuries; bilateral shoulder ankylosis, right greater than left; right shoulder impingement; bilateral carpal tunnel syndrome; pain induced depression; migraine headache; medication sensitivity to Cymbalta; upper G.I. dysfunction due to non-steroidal anti-inflammatory drugs; pain induced depression. The medical record indicates the injured worker has been taking Norco as far back as October 3, 2012. The documentation does not contain evidence of objective functional improvement. The patient requests refills for Norco without any clinical rationale for its ongoing use. Consequently, absent clinical documentation to support the ongoing use of Norco, documentation with objective functional improvements, one prescription for Norco 10/325 mg #60 is not medically necessary.