

<b>Case Number:</b>	CM14-0210854		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/30/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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:

This case is a 32 year old female with a date of injury on 9/30/2013. A review of the medical records indicate that the patient has been undergoing treatment for low back pain, cervical spine sprain, and thoracic spine sprain. Subjective complaints (12/1/2014) include mild neck pain 4/10 with radiating pain to bilateral arms, limited range of motions 4-5/10 pain to thoracic spine with radiating pain to right shoulder and arm, 7/10 pain to lumbar spine with radiation to bilateral lower extremity, 1/10 bilateral wrist pain. Objective findings (12/1/2014) include decreased cervical and lumbar range of motion. Treatment has included gabapentin, norco, soma, cyclobenzaprine, and Prozac. A utilization review dated 12/9/2014 non-certified the following requests: -Labs to include CBC, Chem 8, CPK, CRP, Hepatic panel and arthritis panel-POC/urine drug screen-Norco 5/325mg #30-Gabapentin 300mg #90-Physiotherapy/Chiro/Manipulation (lumbar/cervical/thoracic).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs to include CBC, Chem 8, CPK, CRP, Hepatic panel and arthritis panel: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 21-42, 331, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The ACOEM guidelines state the following regarding lab tests for diagnosis of shoulder complaints: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." MTUS references complete blood count (CBC) in the context of NSAID adverse effective monitoring, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established." ACOEM references CBC in the context of evaluation for septic arthritis. Additionally, ACOEM states "The examining physician should use some judgment about what should or should not be done. Most examinations will need to focus on the presenting complaint. From the items presented, the physician should select what needs to be done." The treating physician writes "requesting authorization for baseline labs and urine POC drug screen to make sure that it is safe for the patient to metabolize and excrete the medications as prescribed". At the time of the request, the patient has already been on multiple medications chronically, which would not be useful as a 'baseline' lab. Additionally, parts of the request (arthritis panel) is non-specific. The medical documents do not detail a medical impression of inflammatory or autoimmune disease that would warrant an "arthritis" panel or cardiovascular/inflammatory conditions for CPK/CRP. As such, the request for Labs to include CBC, Chem 8, CPK, CRP, Hepatic panel and arthritis panel is not medically necessary.

**POC/Urine Drug Screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT)

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The Official Disability Guidelines further clarifies frequency of urine drug screening:- "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter.-"moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year

with confirmatory testing for inappropriate or unexplained results.-"high risk" of adverse outcomes may require testing as often as once per month.The patient is classified as low risk. The medical records provided do not indicate that a urine drug screening has been conducted within the last year. The patient is on medications for which a urine drug test would be appropriate. As such, the current request for POC/urine drug screen is medically necessary.

**Norco 5/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Shoulder, Pain, Opioids

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. The Official Disability Guidelines states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, the Official Disability Guidelines states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." The medical records do document radicular pain, but Gabapentin has been previously authorized. The medical records, however, do not indicate that the radiculopathy or pain level has improved as a result of this medication. As such, the request for Gabapentin 300mg #90 is not medically necessary.

**Gabapentin 300mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin)

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. The Official Disability Guidelines states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at

maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, the Official Disability Guidelines states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". The medical records do document radicular pain, but is and gabapentin has been previously authorized. The medical records, however, do not indicate that the radiculopathy or pain level has improved as a result of this medication. As such, the request for Gabapentin 300mg #90 is not medically necessary.

**Physiotherapy/Chiro/Manipulation (lumbar/cervical/thoracic): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 98-99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 287-315; 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Official Disability Guidelines quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. Official Disability Guidelines writes regarding neck and upper back physical therapy, "Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion." Official Disability Guidelines further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks Regarding physical therapy, Official Disability Guidelines states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records indicate that the patient underwent physical therapy in 10/2013. The treating physician makes no comments on what has changed that would necessitate another trial of therapy. Additionally, the treatment notes indicate that the request is for 12 sessions, which is still in excess of an initial trial. There were no extenuating circumstances detailed for an exception to the guidelines. As such, the request for Physiotherapy/Chiro/Manipulation (lumbar/cervical/thoracic) is not medically necessary.

