

<b>Case Number:</b>	CM15-0105099		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	01/08/2009
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male sustained an industrial injury to the head, neck, right shoulder, left elbow and left wrist after falling off a ladder on 1/8/09. Magnetic resonance imaging cervical spine (1/13/15) showed mild degenerative disc disease with mild foraminal narrowing. Electromyography/nerve conduction velocity test (5/15/10) showed C5-6 radiculopathy and possible C7 radiculopathy. Magnetic resonance imaging left elbow (8/11/11) showed mild insertional triceps tendinitis and mild tendinosis. Magnetic resonance imaging left wrist (8/1/11) showed mild tendinosis and an interstitial tear of the extensor carpi. Electromyography bilateral lower extremities (9/1/12) showed right L4-5 radiculopathy. Previous treatment included right shoulder decompression, left corneal transplant, left knee surgery, lumbar fusion, left knee surgery, physical therapy, acupuncture, home exercise, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 4/29/15, the injured worker complained of pain to the cervical spine with radiation to bilateral shoulders associated with weakness, numbness and cramping, bilateral shoulder pain with swelling, left elbow pain, headaches, lumbar spine pain with radiation to bilateral lower extremities associated with weakness and cramping and left knee pain. The injured worker rated his pain 6-8/10 on the visual analog scale. Physical exam was remarkable for decreased range of motion to the right shoulder, lumbar spine, left knee and left elbow, diffuse tenderness to palpation over bilateral shoulder with positive left impingement sign, tenderness to palpation to the left knee and left elbow, and lumbar spine with tenderness to palpation over the paraspinal musculature and positive bilateral straight leg raise. Current diagnoses included chronic postsurgical low back pain status post

lumbar fusion, lumbar spine radiculopathy, chronic right shoulder pain, chronic left knee pain, chondromalacia, cervical spine radiculitis, left wrist tendonitis, depression, gastroesophageal reflux disease, headaches, depression and constipation. The treatment plan included continuing home exercise, transcutaneous electrical nerve stimulator unit and back support, continuing acupuncture, pending authorization for chiropractic therapy and continuing medications (Neurontin, Omeprazole, Celebrex, Famotidine, eye drops, Menthoderm topical, Senna, Colace, Flonase, Olanzapine and Lexapro).

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

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

#### **Gabapentin 300mg QID #90 (DOS 4/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

**Decision rationale:** Although Neurontin (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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 300mg QID #90 (DOS 4/29/15) is not medically necessary and appropriate.

#### **Celebrex 100mg BID #60 30 days (DOS 4/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Anti-inflammatories. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Anti-inflammatories.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional

efficacy derived from treatment already rendered. The Celebrex 100mg BID #60 30 days (DOS 4/29/15) is not medically necessary and appropriate.

**Famotidine 20mg #60 30 days (DOS 4/29/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Famotidine is a medication is for treatment of the gastric and duodenal ulcers, erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for this medication namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Famotidine 20mg #60 30 days (DOS 4/29/15) is not medically necessary and appropriate.