

<b>Case Number:</b>	CM15-0141953		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	05/14/2009
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 62 year old man sustained an industrial injury on 5-14-2009. The mechanism of injury is not detailed. Diagnoses include displacement of intervertebral disc, villonodular synovitis of the shoulder region, and post-laminectomy pain syndrome. Treatment has included oral medications, surgical intervention, epidural steroid injections, and physical therapy. Physician notes on a PR-2 dated 7-14-2015 show complaints of low back and right shoulder pain with radiation down the right arm and mid back. The worker states his pain rating is 8 out of 10 without medications and 4 out of 10 with medications. Recommendations include increase Gabapentin, Percocet, Cymbalta, and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional sessions of Acupuncture QTY: 6:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8 of 127, 13 of 127.

**Decision rationale:** The patient presents on 07/14/15 with lower back pain, right shoulder pain which radiates into the right arm. The pain is rated 8/10 without medications, 4/10 with medications. The patient's date of injury is 05/14/09. Patient is status post lumbar laminectomy and fusion on 01/30/12, and status post right shoulder arthroscopic labral debridement and subacromial decompression on 09/19/14. The request is for additional sessions of acupuncture qty: 6. The RFA is dated 07/15/15. Physical examination dated 07/14/15 reveals a healed laminectomy scar, positive straight leg raise test on the right, moderate pain elicitation upon lumbar flexion/extension, and free range of motion in the right upper extremity. The patient is currently prescribed Aspirin, Atorvastatin, Avodart, Cymbalta, Gabapentin, Pantoprazole, Percocet, and Tamsulosin. Diagnostic imaging was not included. Patient's current work status is not provided. Chronic Pain Medical Treatment Guidelines, page 13 for acupuncture states: "See Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section." This section addresses the use of acupuncture for chronic pain in the workers' compensation system in California. The MTUS/Acupuncture Medical Treatment Guidelines (Effective 7/18/09) state that there should be some evidence of functional improvement within the first 3-6 treatments. The guidelines state if there is functional improvement, then the treatment can be extended. In regard to the 6 additional sessions of acupuncture for this patient's chronic shoulder pain, the request is appropriate. The documentation provided includes evidence of six completed session of acupuncture, with 30-40 percent improvement noted in this patient's shoulder function per acupuncture note dated 05/19/15. Progress note dated 07/14/15 also notes that this patient has full range of motion in the right shoulder. MTUS guidelines specify 3 to 6 treatments of acupuncture initially, with additional treatments contingent on improvements. Given the demonstrated functional improvements and the conservative nature of such therapies, an additional 6 sessions are appropriate and could produce significant benefits for this patient. Therefore, the request is medically necessary.

**Gabapentin 800mg QTY: 120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available), Anti-epilepsy drugs Page(s): 49, 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

**Decision rationale:** The patient presents on 07/14/15 with lower back pain, right shoulder pain which radiates into the right arm. The pain is rated 8/10 without medications, 4/10 with medications. The patient's date of injury is 05/14/09. Patient is status post lumbar laminectomy and fusion on 01/30/12, and status post right shoulder arthroscopic labral debridement and subacromial decompression on 09/19/14. The request is for Gabapentin 800MG QTY: 120. The RFA is dated 07/15/15. Physical examination dated 07/14/15 reveals a healed laminectomy scar, positive straight leg raise test on the right, moderate pain elicitation upon lumbar flexion/extension, and free range of motion in the right upper extremity. The patient is currently prescribed Aspirin, Atorvastatin, Avodart, Cymbalta, Gabapentin, Pantoprazole, Percocet, and Tamsulosin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin -Neurontin, Gabarone,

generic available- has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the continuation of Gabapentin for this patient's neuropathic pain, the request is appropriate. Addressing medication efficacy, progress report dated 07/14/15 has the following: "Patient states that the pain level with the medication is 4/10, without medication is 8/10, states that he feels more active when he started taking Cymbalta, Gabapentin, and Percocet." In addition, the progress note documents that this patient's medication regimen allows him to attend physical therapy sessions. Given the conservative nature of this medication, this patient's neuropathic pain and the established analgesia with functional benefits, continuation is substantiated. The request is medically necessary.

**Celebrex 200mg QTY: 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The patient presents on 07/14/15 with lower back pain, right shoulder pain which radiates into the right arm. The pain is rated 8/10 without medications, 4/10 with medications. The patient's date of injury is 05/14/09. Patient is status post lumbar laminectomy and fusion on 01/30/12, and status post right shoulder arthroscopic labral debridement and subacromial decompression on 09/19/14. The request is for Celebrex 200MG QTY: 30. The RFA is dated 07/15/15. Physical examination dated 07/14/15 reveals a healed laminectomy scar, positive straight leg raise test on the right, moderate pain elicitation upon lumbar flexion/extension, and free range of motion in the right upper extremity. The patient is currently prescribed Aspirin, Atorvastatin, Avodart, Cymbalta, Gabapentin, Pantoprazole, Percocet, and Tamsulosin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 22, has the following under Anti-inflammatory medications: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2's versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI symptoms & cardiovascular risk." In regard to the request for Celebrex, this patient does not meet guideline criteria. This patient has been taking Celebrex since at least 09/09/14, with analgesia and functional benefits noted in the subsequent reports. While this patient is 62 years old, there is no discussion of a history of GI complications, or upset attributed to first-line NSAID medications. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. The request is not medically necessary.

**Percocet 10/325mg QTY: 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 80, 81, 82, 83, 86, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The patient presents on 07/14/15 with lower back pain, right shoulder pain which radiates into the right arm. The pain is rated 8/10 without medications, 4/10 with medications. The patient's date of injury is 05/14/09. Patient is status post lumbar laminectomy and fusion on 01/30/12, and status post right shoulder arthroscopic labral debridement and subacromial decompression on 09/19/14. The request is for Percocet 10/325MG QTY: 180. The RFA is dated 07/15/15. Physical examination dated 07/14/15 reveals a healed laminectomy scar, positive straight leg raise test on the right, moderate pain elicitation upon lumbar flexion/extension, and free range of motion in the right upper extremity. The patient is currently prescribed Aspirin, Atorvastatin, Avodart, Cymbalta, Gabapentin, Pantoprazole, Percocet, and Tamsulosin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 Criteria For the Use of Opioids for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, Therapeutic trial of opioids, section on On-Going Management requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continued use of Percocet for the management of this patient's chronic pain, the requesting provider has not provided adequate documentation of analgesia. Addressing narcotic medication efficacy, progress report dated 07/14/15 has the following: "Patient states that the pain level with the medication is 4/10, without medication is 8/10, states that he feels more active when he started taking Cymbalta, Gabapentin, and Percocet." While analgesia via a validated scale is provided, such vague documentation of functionality does not satisfy MTUS guidelines, which require activity-specific functional improvements when medications are used for chronic pain. The provider does indicate that this patient's urine drug screening has been consistent to date, as well as address a lack of aberrant behavior -which satisfies the two remaining MTUS criteria. However, without clearly stated activity-specific functional improvements from baseline attributed to narcotic medications, continuation of this medication cannot be substantiated. Owing to a lack of 4A's as required by MTUS, the request is not medically necessary.

**Tramadol 50mg QTY: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 80, 81, 82, 83, 86, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents on 07/14/15 with lower back pain, right shoulder pain which radiates into the right arm. The pain is rated 8/10 without medications, 4/10 with medications. The patient's date of injury is 05/14/09. Patient is status post lumbar laminectomy and fusion on 01/30/12, and status post right shoulder arthroscopic labral debridement and subacromial decompression on 09/19/14. The request is for Tramadol 50MG QTY: 240. The RFA is dated 07/15/15. Physical examination dated 07/14/15 reveals a healed laminectomy scar, positive straight leg raise test on the right, moderate pain elicitation upon lumbar flexion/extension, and free range of motion in the right upper extremity. The patient is currently prescribed Aspirin, Atorvastatin, Avodart, Cymbalta, Gabapentin, Pantoprazole, Percocet, and Tamsulosin. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 Criteria For the Use of Opioids for Long-term Users of Opioids (6-months or more) states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, Therapeutic trial of opioids, section on On-Going Management requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continued use of Tramadol for the management of this patient's chronic pain, the requesting provider has not provided adequate documentation of analgesia. Addressing narcotic medication efficacy, progress report dated 07/14/15 has the following: "Patient states that the pain level with the medication is 4/10, without medication is 8/10, states that he feels more active when he started taking Cymbalta, Gabapentin, and Percocet." While analgesia via a validated scale is provided, such vague documentation of functionality does not satisfy MTUS guidelines, which require activity-specific functional improvements when medications are used for chronic pain. The provider does indicate that this patient's urine drug screening has been consistent to date, as well as address a lack of aberrant behavior - which satisfies the two remaining MTUS criteria. However, without clearly stated activity-specific functional improvements from baseline attributed to narcotic medications, this medication cannot be substantiated. Owing to a lack of 4A's as required by MTUS, the request is not medically necessary.