

<b>Case Number:</b>	CM15-0144672		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 42 year old female, who sustained an industrial injury on 7-17-07. She reported injury to her bilateral upper extremities related to cumulative trauma. The injured worker was diagnosed as having cervical disc displacement without myelopathy, pain in shoulder joint, chronic pain syndrome and depression. Treatment to date has included a TENS unit, a 6 month pool membership, a cervical epidural injection on 6-13-14 with 50% relief, Relafen, Diclofenac, Pantoprazole and Gabapentin and Orphenadrine since at least 1-7-15. As of the PR2 dated 5-14-15, the injured worker reports pain in the neck and bilateral hands. She does not want another cervical epidural injection at this time. Objective findings include limited cervical range of motion, tenderness to palpation over the posterior cervical paraspinal muscles and limited range of motion in the bilateral shoulders. The treating physician requested Gabapentin 600mg #60, Orphenadrine ER 100mg #90 and Pantoprazole 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg quantity 60 one tablet at bedtime: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), p16-18 Page(s): 16-18.

**Decision rationale:** The claimant sustained a work-related injury in July 2007 and is being treated for neck and upper extremity pain. Non-steroidal anti-inflammatory medication (NSAID) medications referenced included Relafen and Celebrex and she was also using topical Diclofenac. Gastrointestinal discomfort with NSAID use is referenced. When seen, she appeared significantly depressed. There was cervical tenderness and left upper trapezius guarding. There was decreased cervical range of motion. There was decreased left upper extremity strength. Current medications included Relafen, Celebrex, topical Diclofenac, Orphenadrine ER, and Gabapentin was being prescribed at 600mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's Gabapentin dosing is less than that recommended in terms of being effective. Ongoing prescribing at this dose is not medically necessary.

**Orphenadrine extended release 100mg quantity 90 one tablet every 8 hours as needed:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, p65.

**Decision rationale:** The claimant sustained a work-related injury in July 2007 and is being treated for neck and upper extremity pain. Non-steroidal anti-inflammatory medication (NSAID) medications referenced included Relafen and Celebrex and she was also using topical Diclofenac. Gastrointestinal discomfort with NSAID use is referenced. When seen, she appeared significantly depressed. There was cervical tenderness and left upper trapezius guarding. There was decreased cervical range of motion. There was decreased left upper extremity strength. Current medications included Relafen, Celebrex, topical Diclofenac, Orphenadrine ER, and Gabapentin was being prescribed at 600mg per day. Orphenadrine ER is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and it is being prescribed on a long-term basis. It was not medically necessary.

**Pantoprazole 20mg quantity 60 1-2 daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant sustained a work-related injury in July 2007 and is being treated for neck and upper extremity pain. Non-steroidal anti-inflammatory medication (NSAID) medications referenced included Relafen and Celebrex and she was also using topical Diclofenac. Gastrointestinal discomfort with NSAID use is referenced. When seen, she appeared significantly depressed. There was cervical tenderness and left upper trapezius guarding. There was decreased cervical range of motion. There was decreased left upper extremity strength. Current medications included Relafen, Celebrex, topical Diclofenac, Orphenadrine ER, and Gabapentin was being prescribed at 600mg per day. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take multiple oral NSAID medications and has a history of gastrointestinal upset. The requested Protonix (pantoprazole) was medically necessary.