

<b>Case Number:</b>	CM15-0148227		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	03/06/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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:

The injured worker is a 47-year-old male, who sustained an industrial injury on March 6, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having myofascial pain syndrome, right and left upper extremity repetitive strain injury, right and left lateral epicondylitis and right ulnar neuritis. Treatment to date has included medications and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. On July 22, 2015, the injured worker complained of increased pain in the bilateral elbows and some numbness of the bilateral hands. The treatment plan included medications TENS unit replacement pads and a urine drug screen. On July 29, 2015, Utilization Review non-certified the request for urine drug screen collected July 22, 2015 and Omeprazole 20mg #90 with two refills, citing California MTUS Guidelines and Official Disability Guidelines. A request for Naproxen 550 mg # 180 with two refills was modified to Naproxen 550mg #60 with no refills, citing California MTUS Guidelines. A request for Neurontin 600mg #270 with two refills was modified to Neurontin 600mg #60 for weaning, citing California MTUS Guidelines. A request for Flexeril 10mg #270 with two refills was modified to Flexeril 10mg #45 for weaning, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UDS collected 7/22/15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Urine Drug Testing.

**Decision rationale:** The patient presents on 07/22/15 with increasing pain in the bilateral elbows and associated numbness in the bilateral hands. The patient's date of injury is 03/06/08. Patient has no documented surgical history directed at these complaints. The request is for UDS collected 07/22/15. The RFA is dated 07/22/15. Physical examination dated 07/22/15 is hand written and illegible in some portions; legible findings include evidence of spasms in the bilateral wrist extensors. The remaining findings are either illegible or unremarkable. The patient is currently prescribed Naprosyn, Omeprazole, Flexeril, and Neurontin. Patient is currently working full duties. MTUS Chronic Pain Medical Treatment Guidelines, Page 43 has the following under Drug Testing: "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "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. Patients at "high risk" of adverse outcomes may require testing as often as once per month. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In regard to the urine drug screen, the provider has exceeded guideline recommendations. While MTUS does not set a specific frequency for urine drug screening, ODG specifies that patients who are considered low risk only require urine drug screening at 6-month interval from narcotic initiation, and on a yearly basis thereafter. In an addendum addressed to the utilization reviewer dated 07/30/15, the provider states the following regarding urine drug screening: "since the patient's last urine drug screen was over 3 months ago and he has a history of taking narcotics, retesting his urine was entirely appropriate." It is unclear whether the provider is stating that the patient has a history of illicit drug use, or a history of taking prescribed narcotic medications. Official disability guidelines do support quarterly urine drug screening in patients who are considered to be moderate risk for abuse, though it is not clear from the documentation provided that this patient falls into this category. Furthermore, this patient is not currently prescribed any narcotic medications - therefore urine drug screening to ensure compliance is unnecessary. The request is not medically necessary.

**Omeprazole 20mg #90 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitor Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents on 07/22/15 with increasing pain in the bilateral elbows and associated numbness in the bilateral hands. The patient's date of injury is 03/06/08. Patient has no documented surgical history directed at these complaints. The request is for Omeprazole 20mg #90 with 2 refills. The RFA is dated 07/22/15. Physical examination dated 07/22/15 is hand written and illegible in some portions; legible findings include evidence of spasms in the bilateral wrist extensors. The remaining findings are either illegible or unremarkable. The patient is currently prescribed Naprosyn, Omeprazole, Flexeril, and Neurontin. Patient is currently working full duties. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the continuation of Omeprazole, the request is appropriate. Per addendum addressed to the utilization reviewer, dated 07/30/15, the provider states the following regarding the need for PPI medications: "As I noted in my initial consult he has tried taking anti-inflammatory medications in the past but notes gastritis type symptoms. Moreover, under his review of systems on page 3 his noted gastritis issues under the GI section as noted below. The patient continues to take his NSAIDS for inflammation as documented in my clinic notes. Since the patient has had long standing issues with NSAIDS, he will need to be on Omeprazole long term to prevent gastric ulcers." In this case, the provider has adequately addressed the need for the continued use of this medication to prevent GI upset secondary to NSAID utilization. Therefore, the request is medically necessary.

**Naproxen 550mg #180 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 73.

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

**Decision rationale:** The patient presents on 07/22/15 with increasing pain in the bilateral elbows and associated numbness in the bilateral hands. The patient's date of injury is 03/06/08. Patient has no documented surgical history directed at these complaints. The request is for Naproxen 550mg #180 with 2 refills. The RFA is dated 07/22/15. Physical examination dated 07/22/15 is hand written and illegible in some portions; legible findings include evidence of spasms in the bilateral wrist extensors. The remaining findings are either illegible or unremarkable. The patient is currently prescribed Naprosyn, Omeprazole, Flexeril, and Neurontin. Patient is currently working full duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." In regard to the continuation of Naproxen for this patient's chronic upper extremity pain, the request is appropriate. This patient has been prescribed Naproxen since at least 04/22/15. Addressing efficacy, progress notes dated 07/22/15 specifically indicates that this patient experiences relief of his pain symptoms owing to prescribed medications, and is currently working full duties. Given the conservative nature of NSAID medications, and the documentation of efficacy and demonstrated functionality, continuation of this medication is substantiated. The request is medically necessary.

**Flexeril 10mg #270 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents on 07/22/15 with increasing pain in the bilateral elbows and associated numbness in the bilateral hands. The patient's date of injury is 03/06/08. Patient has no documented surgical history directed at these complaints. The request is for Flexeril 10mg #270 with 2 refills. The RFA is dated 07/22/15. Physical examination dated 07/22/15 is hand written and illegible in some portions; legible findings include evidence of spasms in the bilateral wrist extensors. The remaining findings are either illegible or unremarkable. The patient is currently prescribed Naprosyn, Omeprazole, Flexeril, and Neurontin. Patient is currently working full duties. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 04/22/15. Guidelines indicate that muscle relaxants such as Flexeril considered appropriate for acute exacerbations of spasms/pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 270 tablets in addition to prior use do not imply short duration therapy. Therefore, the request is not medically necessary.

**Neurontin 600mg #270 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18, 19.

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

**Decision rationale:** The patient presents on 07/22/15 with increasing pain in the bilateral elbows and associated numbness in the bilateral hands. The patient's date of injury is 03/06/08. Patient has no documented surgical history directed at these complaints. The request is for Neurontin 600mg #270 with 2 refills. The RFA is dated 07/22/15. Physical examination dated 07/22/15 is hand written and illegible in some portions; legible findings include evidence of spasms in the bilateral wrist extensors. The remaining findings are either illegible or unremarkable. The patient is currently prescribed Naprosyn, Omeprazole, Flexeril, and Neurontin. Patient is currently working full duties. 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 postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the continuation of Neurontin for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Neurontin since at least 04/22/15 for bilateral elbow pain with a neuropathic component. Progress report dated 07/22/15 notes pain relief specifically attributed to medications, though does not specifically mention Gabapentin. In addition, this patient has been able to maintain a high level of function by working full duties. Given this patient's neuropathic pain and the established analgesia with functional benefits, continuation is substantiated. The request is medically necessary.