

<b>Case Number:</b>	CM15-0162424		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/10/2014
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 36 year old female, who sustained an industrial injury on 6-10-14. The diagnoses have included bilateral wrists carpal tunnel syndrome status post-surgery 5-15-10, bilateral DeQuervain, bilateral tendinitis, left internal and external epicondylitis, left ulnar irritation, cervical sprain, headaches, depression and anxiety. Treatment to date has included medications, activity modifications, off of work, consultations, diagnostics, surgery, physical therapy, transcutaneous electrical nerve stimulation (TENS), psychiatric and other modalities. Currently, as per the physician progress note dated 7-6-15, the injured worker complains of continuous bilateral wrist pain with numbness and tingling in the fingers. She states that the pain has worsened and radiates to the upper extremities to the shoulders and neck. She reports that the pain wakes her at night and she has weakness of her grip bilaterally. She reports numbness and tingling in the wrist and fingers in both hands. The pain is rated 7 out of 10 on the pain scale and she states that it could go up to 10 at times. The diagnostic testing that was performed included electromyography (EMG) -nerve conduction velocity studies (NCV) of the bilateral upper extremities. The current medications included Diclofenac, Cyclobenzaprine, Gabapentin, Zoloft and Omeprazole. The objective findings-physical exam reveals cervical spine extension is 20 degrees and flexion is 45 degrees. The bilateral hands and wrists have positive Phalen's and Tinel's tests. The cervical spine has tenderness to palpation and the neck is straight and tight. The right and left hand and wrist have tenderness, positive Tinel's, Phalen's and Finkelstein's tests. The left elbow reveals tenderness to epicondyles and the forearm, positive resistive flexion and extension of the left wrist, positive elbow Tinel's on the left and decreased sensory along the

ulnar territory on the left side. The physician requested treatments included Retrospective (DOS 7-6-2015) request for Diclofenac ER 100mg #60, Retrospective (DOS 7-6-2015) request for Gabapentin 300mg #60 and Retrospective (DOS 7-6-2015) request for Cyclobenzaprine 7.5mg #60.

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

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

#### **Retrospective (DOS 7/6/2015) request for Diclofenac ER 100mg #60: Upheld**

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

**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 NSAID's 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 for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. 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 Retrospective (DOS 7/6/2015) request for Diclofenac ER 100mg #60 is not medically necessary and appropriate.

#### **Retrospective (DOS 7/6/2015) request for Gabapentin 300mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs); Gabapentin (Neurontin).

**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 post herpetic 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 Retrospective (DOS 7/6/2015) request for Gabapentin 300mg #60 is not medically necessary and appropriate.

#### **Retrospective (DOS 7/6/2015) request for Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic June 2014 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The Retrospective (DOS 7/6/2015) request for Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.