

<b>Case Number:</b>	CM15-0169854		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on 4-19-2013. The injured worker was diagnosed as having left upper extremity complex regional pain syndrome, sympathetically mediated pain, status post left extremity trauma, left shoulder injury post-operative with persistent pain and stiffness, and a history of previous industrial bilateral shoulder surgeries. She is on modified duty work status. The request for authorization is for: Neurontin 600mg #30 with 3 refills; Norflex 100mg #30 with 2 refills; Acupuncture 2 x 3 (2 times a week for 3 weeks). The UR report dated 7-22-2015 gave certification of Norco 7.5-325mg #40; modified certification of Neurontin 600mg #30 no refills; modified certification of Norflex 100mg #20 no refills; and non-certification of Acupuncture 2 x 3. The records indicate she has been utilizing Gabapentin (Neurontin), Norco, and Norflex since at least February 2015, possibly longer. On 2-19-2015, she was seen for pain management consultation. She reported persistent left shoulder and upper arm pain. She has been utilizing Gabapentin, Tramadol or Norco, and Norflex. On 3-19-2015, she reported going to acupuncture and felt it was starting to help with her pain. She indicated she was utilizing Neurontin 600mg and Norco 2-3 times per week. She had discontinued Tramadol. She had full range of motion to the left elbow and wrist. She is reported to have nearly made a full fist of the left hand which was limited by the thumb. She has hyper-esthesias at the fingers of the left hand. The left shoulder is noted to be stiff painful, and guarded. She is reported to start Cymbalta trial on this date. On 7-14-2015, she reported no acute pain. She is seen guarding her left hand against touch and movement. She reported paresthesias of the left hand, and that cool temperatures and wind worsen her hand pain. She indicated

acupuncture had been helpful; however riding the bus to her appointments had flared her low back pain from another work related injury claim. She reported stopping Cymbalta on due to having nausea and gastrointestinal related upset. She indicated she was utilizing Neurontin at night. She rated her pain level at 4-8 out of 10. She is noted to have tightness at the ends of range of motion of the left shoulder, and full left elbow and wrist ranges of motion. She however was unable to make a full fist with her left hand. The treatment to date has included stellate ganglion block of left upper extremity (6-25-2014, 7-9-2014, and 7-16-2014), at least 10 sessions of acupuncture, left shoulder surgery (1-9-2014), magnetic resonance imaging of the left shoulder (5-13-2013), and medications including Neurontin, Norflex, and Norco.

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

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

**Neurontin 600mg #30 with three refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on Neurontin states: 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of CRPS. Therefore the request is necessary and approved.

**Norflex 100mg #30 with two refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.

**Acupuncture, twice a week for three weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The California chronic pain medical treatment guidelines section on acupuncture states: 1) "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Frequency and duration of acupuncture with electrical stimulation may be performed as follows: 1. Time to produce functional improvement 3-6 treatments; 2. Frequency: 1-3 times per week; 3. Optimum duration is 1-2 months; 4. Treatments may be extended if functional improvement is documented. Previous sessions have not produced documented significant improvement in pain and function and therefore the request is not medically necessary.