

<b>Case Number:</b>	CM15-0182656		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	07/15/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 45 year old female, who sustained an industrial injury on 07-15-2013. The injured worker was diagnosed as having carpal tunnel syndrome, bilateral shoulder pain, torticollis, complex regional pain syndrome and chronic neck pain. On medical records dated 08-26-2015 and 07-29-2015, subjective complaints were noted as neck and upper extremity pain. Pain was described as an aching pain radiating up to her head causing headaches and also complained of severe spasms in her neck. Pain levels were 9 out of 10 without medication and 7 out of 10 with medication, pain was noted to be worse with bending and lifting. Functional improvement with medications regimen was noted. The utilization of medications had allowed the injured worker to do some household chores, walk on a regular basis, do some meal preparation and self-care. The injured worker was noted to have difficulty getting dressed and is unable to lift shoulders very well. Objective findings were noted as cervical spine having significant tenderness in the paracervical muscles of the entire cervical spine and upper trapezius, sits with a tilt of her head to the left by about 10 degrees, range of motion was severely restricted in all fields and no lateral movement of the neck, and was noted as significantly limited in all other fields. Shoulders were noted as 45 to 50 degrees of abduction and forward flexion. Left upper extremity was noted as hypersensitive and a bilateral wrist positive Tinel's sign was noted. The injured worker was noted to be permanent and stationary. Treatment to date included medication, physical therapy, chiropractic therapy and cognitive therapy. Urine toxicology from 06-04-2015 was consistent with Methodone and Gabapentin which were the medication prescribed at that time. Current medications were listed as Prozac, Prilosec, Klonopin, Maxzide,

Seroquel, Lipitor, Ibuprofen, Norco, Gabapentin and Cymbalta. The Utilization Review (UR) was dated 09-30-2015. A Request for Authorization was dated 08-27-2015 requested Norco 10-325mg #90, Neurontin 600mg #180, Cymbalta 60mg #30, Motrin 800mg #60 and ice pack. The UR submitted for this medical review indicated that the request for Norco 10-325mg #90, Neurontin 600mg #180, Cymbalta 60mg #30, Motrin 800mg #60 and ice pack was non-certified.

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

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

**Norco 10/325 mg QTY 90: Upheld**

**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): Chronic pain programs, opioids, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, psychological intervention, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesic, exercise and PT. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the patient is utilizing opioids with multiple psychiatric and sedative medications concurrently. There is no indication that standard treatment with NSAIDs and non opioid co-analgesics have failed. The subjective complaints of sustained severe pain despite chronic utilization of opioid medications are indicative of opioid induced hyperalgesia state. The criteria for the use of Norco 10/325mg #90 was not met, therefore is not medically necessary.

**Neurontin 600 mg QTY 180: 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), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsant medications.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant and antidepressant medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The utilization of anticonvulsant co-analgesic medications can be associated with improved analgesia, reduction in analgesic utilization, improved sleep, mood stabilization and functional restoration. The records indicate that the patient reported improved analgesia and

functional restoration with utilization of Neurontin. There is no documentation of adverse medication effect. The criteria for the use of Neurontin 600mg #180 was met, therefore is medically necessary.

**Cymbalta 60 mg QTY 30: 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): Antidepressants for chronic pain, Duloxetine (Cymbalta), Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Mental Illness and Stress, Antidepressant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anticonvulsant and antidepressant medications can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The utilization of antidepressant co-analgesic medications can be associated with improved analgesia, reduction in analgesic utilization, improved sleep, mood stabilization and functional restoration. The records indicate that the patient reported improved analgesia and functional restoration with utilization of Cymbalta. There is no documentation of adverse medication effect. The criteria for the use of Cymbalta 60mg #30 was met, therefore is medically necessary.

**Motrin 800 mg QTY 60: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs medications can be utilized for the treatment of exacerbation of musculoskeletal pain and chronic pain syndrome. The chronic utilization of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest duration. The records indicate that the patient reported improved analgesia and functional restoration with utilization of Motrin. There is no documentation of severe adverse medication effect associated with the use of Motrin. The criteria for the use of Motrin 800mg #60 was met, therefore is medically necessary.

**Ice pack: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and upper back (Acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Cold Therapy.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that Cold Therapy can be utilized for the treatment of musculoskeletal injury pain and in the post operative period after musculoskeletal surgery. The use of cold therapy can be associated with improved analgesia, reduction in swelling and edema and functional restoration. The records did not show that the patient sustained a recent musculoskeletal injury or recent musculoskeletal surgery. The guidelines noted that the benefits of Cold Therapy after the 7 days of injury or surgery had not been established. The criteria for the use of Ice pack was not met, therefore is not medically necessary.