

<b>Case Number:</b>	CM15-0183624		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	11/18/2003
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, Arizona

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 50 year old female, who sustained an industrial injury on 11-18-2003. Medical records indicate the worker is undergoing treatment for cervical disc herniation with radiculopathy at cervical 4-5 and bilateral hand tendinitis. A recent progress report dated 7-24-2015, reported the injured worker complained of constant headaches, constant cervical pain radiating through the shoulders bilaterally to the hands, moderate elbow pain, bilateral wrist and hand pain-right greater than left, right calf tingling and swelling in the right foot. The pain was not quantified at this visit. Physical examination revealed cervical paraspinal tenderness with flexion of 35 degrees, extension of 15 degrees, bilateral lateral rotation of 60 degrees and bilateral lateral tilt of 30 degrees. Treatment to date has included acupuncture, left wrist surgery, steroid injections, cervical epidural steroid injection, physical therapy and medication management. X-rays showed large bone spur at cervical 4-5 and bilateral hands showed tendinitis. On 7-24-2015, the Request for Authorization requested bilateral upper extremities nerve conduction study (NCS)-electromyography (EMG), Unknown prescription for Flurbiprofen- Baclofen-Cyclobenzaprine-Gabapentin-Lidocaine cream, 90 Ultram 50mg with 1 refill, 60 Fioricet with 2 refills, 60 Diclofenac 75mg with 1 refill and 60 Gabapentin 300mg with 1 refill. On 9-9-2015, the Utilization Review noncertified the request for bilateral upper extremities nerve conduction study (NCS)-electromyography (EMG), Unknown prescription for Flurbiprofen- Baclofen-Cyclobenzaprine-Gabapentin-Lidocaine cream, 90 Ultram 50mg with 1 refill and 60 Fioricet with 2 refills. The Utilization Review modified the request for 60

Diclofenac 75mg with 1 refill to no refills and 60 Gabapentin 300mg with 1 refill to 30 Gabapentin with no refill.

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

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

#### **1 EMG/NCV of the upper extremities: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Pain, NCS/EMG.

**Decision rationale:** According to the California MTUS, Nerve Conduction and EMG studies can be considered to help identify subtle neurologic dysfunction. These studies can be indicated to identify causes of pain that include radiculopathy, and compression or entrapment neuropathies. They are warranted after failure of conservative management for 4-6 weeks. This injured worker has documented failure to conservative methods such as exercise with evidence of radicular pain on examination and the goals are clearly outlined. The Physician wishes to rule out entrapment neuropathy and/or evaluate for and the extent of radiculopathy. This test is reasonable, and will be medically necessary.

#### **Unknown prescription for Flurbiprofen/ Baclofen/Cyclobenzaprine/ Gabapentin/ Lidocaine cream: 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): Topical Analgesics.

**Decision rationale:** Per MTUS guidelines, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anti-convulsants and/or anti-depressants have failed. The guidelines go on to state that when any compounded product contains 1 medication that is not recommended, the compounded product as a whole is not recommended. Within the submitted records, there is no clear rationale for the use of this agent. The request is for a topical compounded medication that includes baclofen, gabapentin, and cyclobenzaprine; these agents are not supported for topical use by the MTUS rendering the compound as a whole not medically necessary.

#### **60 Fioricet with 2 refills: 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): Barbiturate-containing analgesic agents.

**Decision rationale:** Fioricet (Butalbital/aspirin/caffeine) is classified under barbiturate-containing analgesics (BCA). CA MTUS Chronic Pain Medical Treatment Guidelines state that these compounds are not recommended for chronic pain, and have high potential for drug dependence with no evidence to show clinically important enhancement of analgesia. There is risk of medication overuse, as well as rebound headache. There is no extenuating circumstance documented to warrant non-adherence. There needs to be clear mention of failure to first line treatments for headache. This medication is not recommended and the request as such is not medically necessary.

**90 Ultram 50mg with 1 refill:** 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): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** The CA MTUS Chronic Pain Medical Treatment Guidelines state that Tramadol is not recommended as a first line oral analgesic. The California MTUS guidelines allows for the use of opioid medication, such as Tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. Within the submitted records, there is no mention of significant pain relief with opioids using validated pain measures, nor is there mention of improved function or ability to participate in activities of daily living. The use of Tramadol has not been established and as such, this request is not medically necessary.

**60 Diclofenac 75mg with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** As per MTUS Chronic Pain Guidelines, NSAIDs are useful for osteoarthritis related pain. Due to side effects, and risks of adverse reactions, MTUS recommends as low a dose as possible for as short a course as possible. Acetaminophen should

be considered initial therapy in those with mild to moderate osteoarthritic pain. The injured worker is noted to have tendinitis of the extremities, and spondylosis/spurring of the cervical spine. However, long-term use of NSAIDs is not recommended, and there is no clear indication of significantly improved pain control with NSAIDs since injury to warrant continued use. This request is not medically necessary as a result.

**60 Gabapentin 300mg with 1 refill: 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): Antiepilepsy drugs (AEDs).

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies that Gabapentin (Neurontin) has been shown to be effective for the treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This injured worker has clear neuropathic pain and Gabapentin would be a reasonable choice for treatment. The Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. There should be documentation of pain relief, and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. It is not made known how effective Gabapentin has been for neuropathic pain in the most recent progress note. Without knowing prior efficacy of this drug, it cannot be considered reasonable for ongoing use. As such, this request is not medically necessary.