

<b>Case Number:</b>	CM15-0185167		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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:

This is a 44 year old female with a date of injury of February 19, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for ganglion cyst of the synovium, tendon, and bursa, carpal tunnel syndrome, and cervicalgia. Medical records dated May 13, 2015 indicate that the injured worker complains of pain radiating from the fingertips to the neck on the right and rhomboids and periscapular muscles. A progress note dated June 24, 2015 notes subjective complaints of continued significant pain, and difficulty with bathroom hygiene, tooth brushing, and writing. Per the treating physician (June 24, 2015), the employee was not working. The physical exam dated May 13, 2015 reveals head forward and protracted shoulders when sitting, tenderness at the trapezius and cervical facets on the right, no limitation in range of motion of the right elbow, tenderness to palpation of the lateral epicondyle and medial epicondyle, pain with resisted wrist flexion, and pain with resisted wrist extension. The progress note dated June 24, 2015 documented a physical examination that showed head forward and protracted shoulders when sitting, and no erythema, swelling, ecchymosis, or drainage of the right elbow. Treatment has included an unknown number of physical therapy sessions and medications (Meloxicam 15mg as needed, and Tramadol HCL 50mg every six to eight hours as needed since at least February of 2015). The urine drug screen dated April 8, 2015 showed results consistent with the injured worker's prescribed medications. The original utilization review (August 24, 2015) non-certified a request for Gabapentin 300mg #90 with two refills, Meloxicam 15mg #30 with two refills, and Tramadol 50mg #90 with two refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 with 2 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:** Based on the 09/09/15 progress report provided by treating physician, the patient presents with right neck pain that radiates to arm and fingertips. The request is for Gabapentin 300mg #90 with 2 refills. RFA with the request not provided. Patient's diagnosis on 09/09/15 included ganglion and cyst of synovium tendon and bursa, carpal tunnel syndrome, cervicgia, and encounter for long-term use of other medications. Physical examination on 05/13/15 revealed tenderness to palpation to lateral and medial epicondyles, and pain with resisted wrist flexion and extension. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Gabapentin, Meloxicam and Tramadol. The patient is temporarily totally disabled, per 09/09/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 18, 19, Specific Anti-epilepsy Drugs section states: "Gabapentin(Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Gabapentin has been included in patient's medications, per progress reports dated 05/13/15, 06/24/15, and 09/09/15. It is not known when this medication was initiated. Per 09/09/15 report, treater states Gabapentin "has been useful in controlling daily neuropathic pain that interferes with [the patient's] activities of daily living as well as activities she needs to complete around the community household. She tolerated this medication well, and it helped her tolerate in therapy as well. Without this medication hers pain is frequently up to 7/10 which decreases to roughly 3/10 allowing her to use her hands and prevents keeping of the muscles of her hands and arms." The patient continues with pain and neuropathic symptoms, and treater has documented benefit from medication. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

**Meloxicam 15mg #30 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): Anti-inflammatory medications.

**Decision rationale:** Based on the 09/09/15 progress report provided by treating physician, the patient presents with right neck pain that radiates to arm and fingertips. The request is for

Meloxicam 15mg #30 with 2 refills. RFA with the request not provided. Patient's diagnosis on 09/09/15 included ganglion and cyst of synovium tendon and bursa, carpal tunnel syndrome, cervicgia, and encounter for long-term use of other medications. Physical examination on 05/13/15 revealed tenderness to palpation to lateral and medial epicondyles, and pain with resisted wrist flexion and extension. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Gabapentin, Meloxicam and Tramadol. The patient is temporarily totally disabled, per 09/09/15 report. 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. Meloxicam has been included in patient's medications, per progress reports dated 02/23/15, 06/24/15, and 09/09/15. It is not known when this medication was initiated. Per 09/09/15 report, treater states "Meloxicam 15mg helped pain somewhat...[the patient] is unable to tolerate the Naproxen due to stomach pain... Patient notes that benefit from meloxicam is minimal and she agrees that we should stop it at this time for minimal daily benefit." In this case, it is not clear why the treater is requesting a medication which has provided minimal benefit. Given lack of efficacy of this medication, this request cannot be warranted. Furthermore, the request for quantity 30 with 2 refills is not in accordance with treater's discussed intent to stop this medication. Therefore, this request IS NOT medically necessary.

**Tramadol 50mg #90 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): Opioids, criteria for use, Medications for chronic pain.

**Decision rationale:** Based on the 09/09/15 progress report provided by treating physician, the patient presents with right neck pain that radiates to arm and fingertips. The request is for Tramadol 50mg #90 with 2 refills. RFA with the request not provided. Patient's diagnosis on 09/09/15 included ganglion and cyst of synovium tendon and bursa, carpal tunnel syndrome, cervicgia, and encounter for long-term use of other medications. Physical examination on 05/13/15 revealed tenderness to palpation to lateral and medial epicondyles, and pain with resisted wrist flexion and extension. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Gabapentin, Meloxicam and Tramadol. The patient is temporarily totally disabled, per 09/09/15 report. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.

MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Tramadol has been included in patient's medications, per progress reports dated 02/23/15, 06/24/15, and 09/09/15. It is not known when this medication was initiated. Per 09/09/15 report, Tramadol decreases pain from 9/10 to 5/10. Treater states the patient "has signed a controlled substance pain agreement, she has participated in random urine drug screens which have been consistent with prescribed medication, and she is yours monitoring. She has not had any noted parent behaviors. She does not have any severe side effects apart from what is noted above. The medications are allowing her to tolerate hand therapy...Tramadol she uses on average twice a week when her pain reaches 9/10 which decreases it to a level of 5/10. This medication she uses mostly for severe pain that prevents sleep." Treater has addressed analgesia with numerical scales, but has not discussed how Tramadol significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." Treater appears to have meant that the patient does not exhibit aberrant behavior and that CURES is monitored. However, provided UDS report dated 04/08/15 demonstrated inconsistent results. In this case, treater has addressed some, but not all the 4 A's to warrant continuation of this opioid medication. In this case, given lack of documentation and inconsistent UDS, this request IS NOT medically necessary.