

<b>Case Number:</b>	CM15-0196262		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	03/07/2011
<b>Decision Date:</b>	12/28/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

This injured worker is a 60 year old female who reported an industrial injury on 3-7-2011. Her diagnoses, and or impressions, were noted to include: carpal tunnel syndrome; spasms of muscle; and mood disorder. No imaging studies were noted. Her treatments were noted to include: 6 acupuncture treatments effective; medication management with toxicology studies; and restricted work duties. The progress notes of 9-10-2015 reported: complaints which included bilateral hand pain, rated 4 out of 10 with medications, and 7 out of 10 without; fair quality of sleep; no change in activity level; continued left shoulder pain with spasms in the bilateral upper extremities; and a 15 pound weight gain from Gabapentin, in 8 weeks, with a request to go back on the Gralise. The objective findings were noted to include: noting mild pain without signs of intoxication or withdrawal; asymmetry or abnormal curvature of the cervical spine, with tenderness to the left para-vertebral muscles, and restricted range-of-motion due to pain; positive Spurling's maneuver with pain in the neck; tenderness in the left shoulder glenohumeral joint, with restricted left shoulder range-of-motion, and positive Hawkins test; positive bilateral Tinels in the elbows, and Phalen's and Tinel's signs in the bilateral wrists; positive grinds test and Finkelstein's at the left thumb; positive Heberten's nodes over joints of all the digits; motor testing limited by pain, with decreased bilateral grip strength; and decreased sensation over the left middle and little fingers, with dysesthesias over the bilateral thumbs & middle fingers. The physician's request for treatments was noted to include returning to Gralise 600 mg, 2 tablets at bedtime, because Gabapentin caused weight gain; and to continue other medications at current doses. The Request for Authorization, dated 9-16-2015, was noted for: Trazodone 50 mg, 1-2

tablets at bedtime as needed, #60 with 1 refill; Naproxen 500 mg, 1 twice daily as needed, #60 with 1 refill; Flexeril 5 mg, 1 at bedtime as needed, #30 with 1 refill; Voltaren 1% gel, apply 4 grams to affected area 4 x a day as needed, #3 with 1 refill; and Gralise ER 600 mg, 2 tablets at bedtime, #60 with 1 refill. The Utilization Review of 9-23-2015 was noted to non-certify the request for: Trazodone 50 mg, #60 with 1 refill; Naproxen 500 mg, #60 with 1 refill; Flexeril 5 mg, #30 with 1 refill; Voltaren 1% gel, #3 with 1 refill; and Gralise ER 600 mg, #60 with 1 refill.

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

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

**Trazodone 50mg QTY 60 with one refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Health and Stress, Trazodone.

**Decision rationale:** According to the ODG, Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In most recent physician note, sleep quality is noted to be fair, despite being on Trazodone. Effectiveness does not appear substantial. There is no mention of active or problematic depression and/or anxiety. As such, this request is not medically necessary.

**Naproxen 500mg QTY 60 with one refill: Upheld**

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

**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. Within the records, it is noted that medications help reduce VAS pain from 7/10 to 4/10 but there is no mention NSAIDs improving function, or ability to participate in ADLs. As such, this request is not medically necessary.

**Flexeril 1% gel QTY 3 with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Carisoprodol (Soma), Muscle relaxants (for pain).

**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. MTUS does not support the topical application of Flexeril. As such, this request is not medically necessary.

**Voltaren 1% gel QTY 3 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Lidoderm (lidocaine patch), NSAIDs (non-steroidal anti-inflammatory drugs), Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The MTUS guidelines specifically state regarding Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first two weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2 week period. Voltaren is an approved agent indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment, such as the hands, wrists, knees, ankles, and feet. It has not been evaluated for treatment of spine, hip, or shoulder conditions. Within the records, most recent note does not make mention of site of application for Voltaren gel. Furthermore, within the RFA request the diagnosis is carpal tunnel and Voltaren gel is not approved for application over the carpal tunnel to treat neuropathic symptoms. Without clarification of the above issues, this request is not medically necessary.

**Gralise ER 600mg QTY 60 with one refill:** Overturned

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

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

**Decision rationale:** Gralise is brand name for Gabapentin, which is considered by MTUS to be a first line agent for neuropathic pain. This injured worker has carpal tunnel syndrome, dysesthesias on examination, and has had noted positive benefit in the past in terms of pain reduction with the use of antiepileptic agents for neuropathic pain. Gabapentin caused the injured worker to gain weight and switching back to Gralise is a reasonable approach. As such, this request is medically necessary.