

<b>Case Number:</b>	CM15-0196385		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	03/29/2005
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/28/2015
<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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 55 year old female, who sustained an industrial injury on 03-29-2005. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical degenerative disc disease with radiculopathy, cervical arthrosis, and bilateral carpal tunnel syndrome. Medical records (02-17-2015 to 08-18-2015) indicate ongoing neck pain and right arm pain. Pain levels were 4-8 out of 10 on a visual analog scale (VAS) on 02-17-2015. Per the progress report (PR) dated 08-18-2015, the IW was reporting increased right scapula and trapezii pain and increased burning and swelling in the right wrist with pain ratings of 7-8 out of 10 without medications and 3 out of 10 with medications. Records also indicate improved ability to function and completed activities of daily living with the use of medications. Per the treating physician's progress report (PR), the IW was able to return to modified work status. The physical exam, dated 08-18-2015, revealed cervical spasms, painful and restricted range of motion (ROM) in the cervical spine, cervical facet tenderness, right C5 radiculopathy, decreased sensation at C5 bilaterally, decreased sensation at C6 on the right, positive Tinel's and Phalen's signs on the right, positive impingement sign in the right shoulder, painful ROM in the right shoulder, and tenderness to palpation over the acromioclavicular joint in the right shoulder. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (Norco and Motrin since at least 03-2014, and Neurontin 600mg since at least 11-2014). The treating physician indicates that no aberrant behaviors or adverse side effects of medications were indicated. The request for authorization (09-18-2015) shows that the following medications were requested: Motrin 800mg #90, Norco 10-325mg #180, and Neurontin 60mg #60. The original utilization review (09-28-2015) non-certified the request for Motrin 800mg #90, Norco 10-325mg #180, and Neurontin 60mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Motrin 800mg #90:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical spine degenerative disc disease with radiculopathy; cervical spine facet arthrosis; and status post bilateral carpal tunnel syndrome. Date of injury is March 29, 2005. Request for authorization is September 18, 2015. The medical record contains 19 pages. According to an April 21, 2015 progress note, subjective complaints include neck and right arm pain with the pain score 3/10. Medications include Motrin 800 mg, Norco 10/325mg and Neurontin 600 mg. according to an August 18, 2015 progress note, subjective complaints include right trapezius pain and burning and swelling of the right wrist 3/10. Objectively, there is an increase in right trapezius pain and decreased range of motion at the cervical spine with a left C5 radiculopathy. There is a positive Tinel's and Phalen's at the wrist with a positive impingement of the shoulder on examination. The documentation does not demonstrate objective functional improvement to support ongoing Motrin. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There has been no attempt to wean Motrin 800 mg. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, unchanged pain scores of 3/10 from April 2015 through August 2015 and no documentation showing an attempt to wean Motrin 800 mg, Motrin 800 mg #90 is not medically necessary.

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical spine degenerative disc disease with radiculopathy; cervical spine facet arthrosis; and status post bilateral carpal tunnel syndrome. Date of injury is March 29, 2005. Request for authorization is September 18, 2015. The medical record contains 19 pages. According to an April 21, 2015 progress note, subjective complaints include neck and right arm pain with the pain score 3/10. Medications include Motrin 800 mg, Norco 10/325mg and Neurontin 600 mg. according to an August 18, 2015 progress note, subjective complaints include right trapezius pain and burning and swelling of the right wrist 3/10. Objectively, there is an increase in right trapezius pain and decreased range of motion at the cervical spine with a left C5 radiculopathy. There is a positive Tinel's and Phalen's at the wrist with a positive impingement of the shoulder on examination. The documentation does not demonstrate objective functional improvement to support ongoing Norco 10/325 mg. There were no detailed pain assessments or risk assessments. There has been no attempt at Norco weaning. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective improvement with unchanged pain scores 3/10, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no attempt at Norco weaning, Norco 10/325mg # 180 is not medically necessary.

**Neurontin 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-epilepsy drugs (AEDs).

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 600 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are cervical spine degenerative disc disease with radiculopathy; cervical spine facet

arthrosis; and status post bilateral carpal tunnel syndrome. Date of injury is March 29, 2005. Request for authorization is September 18, 2015. The medical record contains 19 pages. According to an April 21, 2015 progress note, subjective complaints include neck and right arm pain with the pain score 3/10. Medications include Motrin 800 mg, Norco 10/325mg and Neurontin 600 mg. according to an August 18, 2015 progress note, subjective complaints include right trapezius pain and burning and swelling of the right wrist 3/10. Objectively, there is an increase in right trapezius pain and decreased range of motion at the cervical spine with a left C5 radiculopathy. There is a positive Tinel's and Phalen's at the wrist with a positive impingement of the shoulder on examination. The documentation does not demonstrate objective functional improvement to support ongoing Neurontin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no subjective improvement or change in pain scores (3/10) and no documentation demonstrating objective functional improvement to support ongoing Neurontin, Neurontin (Gabapentin) 600 mg #60 is not medically necessary.