

<b>Case Number:</b>	CM15-0196607		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/01/2006
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/16/2015
<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 47 year old female, who sustained an industrial injury on 6-1-06. The injured worker was diagnosed as having carpal tunnel syndrome, ulnar neuropathy and brachial neuritis. Medical records (4-13-15 through 5-29-15) indicated right wrist and forearm pain. The physical exam (4-13-15 through 5-29-15) revealed normal right elbow range of motion, decreased sensation of the right radial forearm, thumb and finger and a positive Tinel's and Phalen's sign. As of the PR2 dated 8-27-15, the injured worker reports right wrist and forearm pain. The treating physician noted continued symptoms despite carpal tunnel releases. Objective findings include normal right elbow range of motion, decreased sensation of the right radial forearm, thumb and finger and a positive Tinel's and Phalen's sign. Current medications include Celebrex, Duexis (since at least 5-29-15), Gabapentin (since at least 4-13-15) and Prednisone. Treatment to date has included acupuncture x 6 sessions with "symptom relief for several months", an EMG-NCS of the upper extremities on 3-4-2014 showing mild right radial neuropathy and a TENS unit. The treating physician requested an EMG-NCS of the bilateral upper extremities, Duexis 800mg #90 x 5 refills and Gabapentin 600mg #90 x 6 refills. The Utilization Review dated 9-16-15, non-certified the request for an EMG-NCS of the bilateral upper extremities and Duexis 800mg #90 x 5 refills and modified the request for Gabapentin 600mg #90 x 6 refills to Gabapentin 600mg #60 x 0 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Electromyography/Nerve Conduction Studies bilateral upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**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 section, EMG/NCV.

**Decision rationale:** Pursuant to the Official Disability Guidelines, EMG/NCV of the bilateral upper extremities is not medically necessary. The ACOEM states (chapter 8 page 178) unequivocal findings that identifies specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathies if other diagnoses may be likely based on physical examination. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to demonstrate his cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic property or some problem other than cervical radiculopathy. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; and ulnar neuropathy. Date of injury is June 1, 2006. Request for authorization is September 9, 2015. According to an August 27, 2015 progress note, subjective complaints include rights forearm and wrist pain, right greater than left. The injured worker has a history of bilateral carpal tunnel release surgeries. In 2014, the injured worker was diagnosed with right radial neuropathy by EMG/NCS. In 2013, the injured worker was treated with gabapentin (Neurontin) and stopped the medication. There is no clinical rationale for stopping the medication. Gabapentin was restarted April 13, 2015. The documentation states gabapentin does not provide much relief. The documentation indicates the treating provider prescribed Duexis on May 29, 2015. There is no clinical rationale in the medical record for a combination nonsteroidal anti-inflammatory and H2 receptor blocker. The documentation also states there is "some relief" with Duexis. There are no new significant subjective symptoms or objective clinical findings in the medical record to warrant repeating the EMG/NCV (previously performed 2014). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, previous EMG/NCV of the upper extremities performed 2014 and no new significant subjective symptoms or objective clinical findings to warrant repeating the EMG/NCV, EMG/NCV of the bilateral upper extremities is not medically necessary.

**Duexis 800mg 1 tablet by mouth three times a day quantity 90 with five refills: Upheld**

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

**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) and Other Medical Treatment Guidelines  
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a687011.html>.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Duexis 800mg one tablet PO TID #90 with five refills 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. Prescription famotidine is used to treat ulcers (sores on the lining of the stomach or small intestine); gastroesophageal reflux disease (GERD, a condition in which backward flow of acid from the stomach causes heartburn and injury of the esophagus [tube that connects the mouth and stomach]); and conditions where the stomach produces too much acid, such as Zollinger-Ellison syndrome (tumors in the pancreas or small intestine that cause increased production of stomach acid). Over-the-counter famotidine is used to prevent and treat heartburn due to acid indigestion and sour stomach caused by eating or drinking certain foods or drinks. Famotidine is in a class of medications called H2 blockers. It works by decreasing the amount of acid made in the stomach. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; and ulnar neuropathy. Date of injury is June 1, 2006. Request for authorization is September 9, 2015. According to an August 27, 2015 progress note, subjective complaints include rights forearm and wrist pain, right greater than left. The injured worker has a history of bilateral carpal tunnel release surgeries. In 2014, the injured worker was diagnosed with right radial neuropathy by EMG/NCS. In 2013, the injured worker was treated with gabapentin (Neurontin) and stopped the medication. There is no clinical rationale for stopping the medication. Gabapentin was restarted April 13, 2015. The documentation states gabapentin does not provide much relief. The documentation indicates the treating provider prescribed Duexis on May 29, 2015. There is no clinical rationale in the medical record for a combination nonsteroidal anti-inflammatory and H2 receptor blocker. The documentation also states there is "some relief" with Duexis. There are no new significant subjective symptoms or objective clinical findings in the medical record to warrant repeating the EMG/NCV (previously performed 2014). There is no documentation demonstrating objective functional improvement to support ongoing Duexis. There is no documentation showing an attempt to wean Duexis. Moreover, the treatment plan indicates an increase in Duexis. There is no clinical indication for five refills. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no clinical rationale for a combination drug, and no documentation indicating an attempt to wean Duexis, Duexis 800mg one tablet PO TID #90 with five refills is not medically necessary.

**Gabapentin 600mg 3 tablets by mouth at bedtime quantity 90 with six refills:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg three tablets PO HS #90 with six refills 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 carpal tunnel syndrome; and ulnar neuropathy. Date of injury is June 1, 2006. Request for authorization is September 9, 2015. According to an August 27, 2015 progress note, subjective complaints include right forearm and wrist pain, right greater than left. The injured worker has a history of bilateral carpal tunnel release surgeries. In 2014, the injured worker was diagnosed with right radial neuropathy by EMG/NCS. In 2013, the injured worker was treated with gabapentin (Neurontin) and stopped the medication. There is no clinical rationale for stopping the medication. Gabapentin was restarted April 13, 2015. The documentation states gabapentin does not provide much relief. The documentation indicates the treating provider prescribed Duexis on May 29, 2015. There is no clinical rationale in the medical record for a combination nonsteroidal anti-inflammatory and H2 receptor blocker. The documentation also states there is "some relief" with Duexis. There are no new significant subjective symptoms or objective clinical findings in the medical record to warrant repeating the EMG/NCV (previously performed 2014). There is no documentation demonstrating objective functional improvement to support ongoing Gabapentin. The clinical documentation indicates gabapentin does not provide much relief. The treatment plan indicates the treating provider is increasing the dose to Gabapentin 1200 mg per day. There is no clinical indication for six refills. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating gabapentin does not provide much relief and no documentation demonstrating objective functional improvement to support ongoing gabapentin, Gabapentin 600 mg three tablets PO HS #90 with six refills is not medically necessary.