

<b>Case Number:</b>	CM15-0201733		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	02/28/2015
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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: Preventive Medicine, Occupational 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 34 year old, male who sustained a work related injury on 2-28-15. A review of the medical records shows he is being treated for neck, low back and left knee pain. In the progress notes dated 9-4-15 and 9-18-15, the injured worker reports aching, moderate low back pain. He rates his pain level a 7 out of 10. He has aching, medium, intermittent neck pain. He rates this pain level a 5-6 out of 10. He has burning, minimal to medium bilateral hand pain. Pain is intermittent, He rates his pain in left hand a 2 out of 10 and 5 out of 10 in right hand. He has sharp, medium left knee pain. He rates this pain a 5-6 out of 10. On physical exam dated 9-18-15, he has pain upon palpation of right paracervical and trapezius muscles. He has decreased cervical range of motion due to guarding. Treatments have included physical therapy, acupuncture, TENS unit therapy, medications, home exercises and psychotherapy. Current medications include Prilosec, Meloxicam, Norflex and Gabapentin. He is temporarily totally disabled. The treatment plan includes awaiting MRI of cervical spine scheduling, continue medications of Prilosec, Meloxicam, Norflex, Gabapentin, Lexapro and to restart Tramadol. In the Utilization Review dated 10-2-15, the requested treatments of Gabapentin 300mg. #60 is modified to Gabapentin 300mg. #30. The requested treatments of Mobic 15mg. #30, Prilosec 20mg. #30, Tramadol 50mg. #60, a TENS unit for 30 day rental and an MRI of cervical spine are all not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Gabapentin 300mg #60: 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 rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. 1 prescription of Gabapentin 300mg #60 is not medically necessary.

**1 prescription of Mobic 15mg #30: 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:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short term symptomatic relief. 1 prescription of Mobic 15mg #30 is not medically necessary.

**1 prescription of Prilosec 20mg #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years;

(2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. 1 prescription of Prilosec 20mg #30 is not medically necessary.

**1 prescription of Tramadol 50mg #60: 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 for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of Tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 5 months. 1 prescription of Tramadol 50mg #60 is not medically necessary.

**TENS Unit 30 day rental: Upheld**

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

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

**Decision rationale:** The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is documentation that a trial period with a rented TENS unit has been completed, but there was no note of any functional improvement as a result of its use. TENS Unit 30 day rental is not medically necessary.

**MRI of the Cervical Spine: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** The MTUS states that an MRI or CT is recommended to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. In addition, the ACOEM Guidelines state the following

criteria for ordering imaging studies: 1. Emergence of a red flag; 2. Physiologic evidence of tissue insult or neurologic dysfunction; 3. Failure to progress in a strengthening program intended to avoid surgery; 4. Clarification of the anatomy prior to an invasive procedure. The patient's hand pain may be indicative of C6 radiculopathy which corresponds to the spondylotic segment on the x-ray. I am reversing the previous utilization review decision. MRI of the Cervical Spine is medically necessary.