

<b>Case Number:</b>	CM15-0208436		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	07/28/2007
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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:

This is a 45-year-old female with a date of industrial injury 7-28-2007. The medical records indicated the injured worker (IW) was treated for cervical disc injury; medial and lateral epicondylitis, greater on the right; bilateral cervicobrachial syndrome; bilateral ulnar neuritis; and status post bilateral carpal tunnel syndrome release. In the progress notes (9-22-15), the IW reported right neck pain, bilateral elbow pain, greater on the right, and pain and weakness in the hands with dysesthesias in the bilateral fourth and fifth digits. Medications were Tylenol #4 at night and Tramadol twice a day with Lidoderm patches for dysesthesias. Pain was rated 5 to 6 out of 10 with medications and 9 out of 10 without them. Pain was worse with grasping for using eating utensils and brushing her teeth. In the 8-10-15 notes, she reported improved neck and arm pain since her neck surgery in 2014. On examination (9-22-15 notes), sensation was decreased over the bilateral fourth and fifth digits, greater on the right. Motor strength was 5 out of 5 throughout the upper extremities. There was moderate to severe tenderness and spasms over the right scalenes, the clavicle region and the right #1, #2 and #3 ribs. Range of motion was "complete in all directions with mild forward flexion". Right and left rotation was somewhat painful and left lateral flexion caused pulling on the right side. Treatments included medications (beneficial); physical therapy for the neck (unknown number of sessions and unknown outcome); epidural injections, medial branch nerve injections and sacroiliac joint injections (with temporary benefit), activity modification (helpful) and C5-6 disc replacement. The IW was 'permanent and stationary'. The drug screen report dated 9-25-15 was positive for Tramadol. There was no record of a prescription for Gabapentin. In addition, Tramadol was prescribed before 5-2015, but the 5-

13-15 notes stated she had not received it in over four weeks. The notes did not include references to the presence or absence of aberrant drug behaviors. A Request for Authorization was received for Gabapentin 300mg #60, Ultracet 37.5-325mg #60 and additional physical therapy, six sessions, for the neck, bilateral shoulder regions and cervicobrachial junction regions. The Utilization Review on 10-12-15 non-certified the request for Gabapentin 300mg #60 and Ultracet 37.5-325mg #60 and modified the request for additional physical therapy, six sessions, for the neck, bilateral shoulder regions and cervicobrachial junction regions.

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

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

**Gabapentin 300 mg Qty 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 Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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. The clinical documentation does not clearly show that the injured worker has neuropathic symptoms. There is also no documentation that this medication has actually been prescribed. The request for Gabapentin 300 mg Qty 60 is not medically necessary.

**Ultracet 37.5/325 mg Qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Ultracet along with Tylenol #3 for some time without objective documentation of quantifiable pain relief and increase in function. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultracet 37.5/325 mg Qty 60 is not medically necessary.

**Additional physical therapy, neck/bilateral shoulder regions/cervicobrachial junction regions, 6 sessions:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has previously completed at least 19 sessions of physical therapy and should be able to participate in a self-paced, home-based exercise program. The request for additional physical therapy, neck/bilateral shoulder regions/cervicobrachial junction regions, 6 sessions is not medically necessary.