

<b>Case Number:</b>	CM15-0216239		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 55 year old female patient who reported an industrial injury on 9-15-1999. Her diagnoses, and or impressions, were noted to include: chronic bilateral de Quervain's tenosynovitis; chronic wrist pain with sprain-strain injuries; bilateral elbow pain with chronic lateral and medial epicondylitis; chronic bilateral ulnar neuritis in both elbows; and bilateral shoulder tendinopathies from sprain-strain injuries. Per the progress notes dated 9-10-2015, she had complaints of bilateral shoulder, elbow and wrist pain, rated an 8 out of 10, with a burning sensation in both arms, difficulty with trying to push-pull-lift or grasp; and a 50% reduction in pain with improved functionality with activities of daily living with medications. The objective findings include: positive impingement sign with crepitus on passive circumduction, and full active bilateral range-of-motion; positive Cozens maneuvers with tenderness over the medial-lateral epicondyles; positive Tinel's at the ulnar grooves, but no translation in passive range; positive Tinel's and Phalen's signs in both hands; and positive Finkelstein maneuvers in both wrists. The medications list includes nucynta, tylenol#3, ibuprofen and neurontin. No imaging studies were noted. Her treatments were noted to include medication management with toxicology studies. Per the records provided the patient had appropriate urine toxicology screens. These UDS reports were not specified in the records provided. The physician's requests for treatment were noted to include prescriptions for: Tylenol #3, 1-2 tabs twice a day as needed for severe pain not relieved by over the counter Tylenol, #120; Neurontin 600 mg at bedtime for neuropathic pain, #60; and Ibuprofen 800 mg three x a day for inflammatory component of pain, #90. The Request for Authorization, dated 9-16-2015, was noted for: Tylenol #3, #120; Ibuprofen 800 mg, #90; and Neurontin 600 mg, #60. The Utilization Review of 10-1-2015 non-certified the requests for: Ibuprofen 800 mg, #90; Neurontin 600 mg, #60; and Tylenol #3, #20.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tylenol No. 3 #120:** Upheld

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

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

**Decision rationale:** Tylenol No. 3 #120. Tylenol#3 contains codeine and acetaminophen. Codeine is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to antidepressant for chronic pain is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The Tylenol No. 3 #120 is not medically necessary for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

### **Neurontin 600mg #60:** Overturned

**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 rationale:** Neurontin 600mg #60. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) 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." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007)Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." According to the records provided the patient had bilateral shoulder, elbow and wrist pain, with a burning sensation in both arms. She has objective findings on the physical examination- positive impingement sign with crepitus on passive circumduction, and full active bilateral range-of-motion; positive Cozens maneuvers with tenderness over the medial-lateral epicondyles; positive Tinel's at the ulnar grooves, but no translation in passive range; positive Tinel's and Phalen's signs in both hands; This is evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Neurontin 600mg #60 is medically appropriate and necessary for this patient.

**Ibuprofen 800mg #90:** Overturned

**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): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Ibuprofen 800mg #90. Ibuprofen is a NSAID. CA MTUS states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided the patient had bilateral shoulder, elbow and wrist pain, with a burning sensation in both arms. She has objective findings on the physical examination- positive impingement sign with crepitus on passive circumduction, and full active bilateral range-of-motion; positive Cozens maneuvers with tenderness over the medial-lateral epicondyles; positive Tinel's at the ulnar grooves, but no translation in passive range; positive Tinel's and Phalen's signs in both hands; and positive Finkelstein maneuvers in both wrists. NSAIDs are considered first line treatment for pain and inflammation. The request for Ibuprofen 800mg #90 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.