

Case Number:	CM15-0217911		
Date Assigned:	11/09/2015	Date of Injury:	02/01/2001
Decision Date:	12/21/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/05/2015

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 49-year-old female who sustained an industrial injury on 2-1-2001 and has been treated for chronic myofascial pain, chronic right shoulder pain, possible C6-C7 pseudoarthrosis, and she is status post C5-C7 discectomy, fusion and instrumentation dated 10-24-2012; and Posterior fusion at C6-7 on 3-25-2014. Diagnostic MRI 9-29-2015 stated to reveal a Type 4 anterior to posterior superior labral tear, partial thickness rotator cuff tear and acromioclavicular arthropathy. On 10-20-2015, the injured worker reported persistent right shoulder pain. Objective findings include limited range of motion of the right shoulder with positive impingement maneuvers and palpatory tenderness around the shoulder complex. Documented treatment includes physical therapy which is stated to have "made her symptoms worse," TENS unit trial noted to have been effective, home exercise, and medication including Tylenol No. 4 which is stated to be used once per day and is "quite helpful." This has been included in the treatment plan since at least 4-7-2015. Neurontin is being used 3 times per day, also noted to help with pain and is present in the medical records since at least 6-2015. Detailed response to medication treatment, medication behavior, and medication monitoring are not evidenced in the progress note. The treating physician's plan of care includes Neurontin #90 with 2 refills, Tylenol No. 4 #60, and electromyogram and nerve conduction velocity studies of the right upper extremity due to "persistent numbness and tingling in the right hand," and to "rule out peripheral neuropathy, focal neuropathy, and possible radiculopathies." All were non-certified on 11-4-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg qty 90, 2 refills: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs), Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 600 mg #90 with 2 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 status post C5 - C6 and C6 - C7 discectomy, fusion and instrumentation October 24, 2012; posterior C6 - C7 fusion March 25, 2014; possible pseudo-arthrosis at C6 - C7; chronic myofascial pain; chronic right shoulder pain; MRI September 29, 2015 showed 4 SLAP tear, partial thickness rotator cuff tear, acromioclavicular arthropathy. Date of injury is February 1, 2001. Request for authorization is dated October 28, 2015. According to April 7, 2015 progress note, the treating provider prescribed communal #4 and Cymbalta. According to a June 30, 2015 progress note, Zanaflex 4 mg was added. According to a July 28, 2015 progress note, Cymbalta was denied and gabapentin (Neurontin) was added. According to an October 20, 2015 progress note, subjective complaints include right shoulder pain. Physical therapy resulted in worsening symptoms. Medications included Neurontin and Tylenol #4. Objectively, there was decreased range of motion right shoulder, positive impingement and tenderness about the shoulder joint. There was no objective evidence of neuropathy or radiculopathy on physical examination. According to utilization review dated August 18, 2015, gabapentin was modified pending objective functional improvement. Subsequent documentation did not demonstrate objective functional improvement to support ongoing gabapentin. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Neurontin (Gabapentin) 600 mg #90 with 2 refills is not medically necessary.

Tylenol #4 qty 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 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, Tylenol #4, #60 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 status post C5 - C6 and C6 - C7 discectomy, fusion and instrumentation October 24, 2012; posterior C6 - C7 fusion March 25, 2014; possible pseudo-arthritis at C6 - C7; chronic myofascial pain; chronic right shoulder pain; MRI September 29, 2015 showed 4 SLAP tear, partial thickness rotator cuff tear, acromioclavicular arthropathy. Date of injury is February 1, 2001. Request for authorization is dated October 28, 2015. According to April 7, 2015 progress note, the treating provider prescribed communal #4 and Cymbalta. According to a June 30, 2015 progress note, Zanaflex 4 mg was added. According to a July 28, 2015 progress note, Cymbalta was denied and gabapentin (Neurontin) was added. According to an October 20, 2015 progress note, subjective complaints include right shoulder pain. Physical therapy resulted in worsening symptoms. Medications included Neurontin and Tylenol #4. Objectively, there was decreased range of motion right shoulder, positive impingement and tenderness about the shoulder joint. There was no objective evidence of neuropathy or radiculopathy on physical examination. There was no documentation demonstrating objective functional improvement to support ongoing Tylenol #4. There were no detailed pain assessments or risk assessments. There was no attempted Tylenol #4 weaning. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and no detailed pain assessments, risk assessments or attempted weaning, Tylenol #4, #60 is not medically necessary.

EMG (Electromyography)/NCV (Nerve Conduction Velocity) of upper extremity qty1:
Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

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 (Electromyography) / NCV (Nerve Conduction Velocity) of upper extremity qty1 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. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. 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 status post C5 - C6 and C6 - C7 discectomy, fusion and instrumentation October 24, 2012; posterior C6 - C7 fusion March 25, 2014; possible pseudo-arthritis at C6 - C7; chronic myofascial pain; chronic right

shoulder pain; MRI September 29, 2015 showed 4 SLAP tear, partial thickness rotator cuff tear, acromioclavicular arthropathy. Date of injury is February 1, 2001. Request for authorization is dated October 28, 2015. According to April 7, 2015 progress note, the treating provider prescribed communal #4 and Cymbalta. According to a June 30, 2015 progress note, Zanaflex 4 mg was added. According to a July 28, 2015 progress note, Cymbalta was denied and gabapentin (Neurontin) was added. According to an October 20, 2015 progress note, subjective complaints include right shoulder pain. Physical therapy resulted in worsening symptoms. Medications included Neurontin and Tylenol #4. Objectively, there was decreased range of motion right shoulder, positive impingement and tenderness about the shoulder joint. There was no objective evidence of neuropathy or radiculopathy on physical examination. The treatment plan indicates the treating provider wants to rule out peripheral neuropathy and/or carpal tunnel syndrome. There is no neurologic evaluation of the upper extremities. Nerve conduction studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. EMG is recommended only in cases where diagnosis is difficult with nerve conduction studies. There is no documentation of anticipated carpal tunnel syndrome surgery. EMGs are not recommended at the present time. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation the injured worker is a candidate for surgery, and guidelines non-recommendations (presently) for EMGs, EMG (Electromyography)/NCV (Nerve Conduction Velocity) of upper extremity qty1 is not medically necessary.