

<b>Case Number:</b>	CM15-0221206		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	11/11/2014
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old female who sustained an industrial injury on 11-11-2014. A review of the medical records indicated that the injured worker is undergoing treatment for right shoulder adhesive capsulitis, right shoulder rotator cuff tear, cervical degenerative disc disease, cervicgia, cervical radiculitis, lumbar degenerative disc disease, left knee meniscal tear, right wrist sprain and strain and depression. According to the treating physician's progress report on 09-17-2015 and 10-03-2015, the injured worker continues to experience right shoulder pain with movement rated at 5-6 out of 10, neck pain radiating to the right upper extremity to the fingers, associated with numbness of the upper extremity rated at 4 out of 10, right wrist pain associated with numbness rated at 6 out of 10 and low back pain radiating to the left external aspect of the thigh to the left foot. The injured worker reported an upset stomach improved with Omeprazole. Examination of the cervical spine demonstrated tenderness to palpation to the right paraspinal cervical area, both trapezii, scapular areas, paravertebral muscles and thoracic areas bilaterally with full range of motion with stiffness at end range. Deep tendon reflexes of the bilateral upper extremities were intact. Right shoulder examination noted tenderness to the anterior and posterior rotator cuff with positive impingement signs, negative drop arm test and equivocal acromioclavicular joint stress test. The right wrist examination noted diffuse tenderness with negative Finklestein's test, negative Tinel's at the wrist and elbow level, negative resistive flexion and negative extension of the wrist. Phalen's test was positive to the 3rd, 4th and 5th fingers on the right. The lumbar spine demonstrated tenderness to palpation of the thoracolumbar paraspinal muscles with positive straight leg raise at 90 degrees bilaterally. Extensor hallucis longus muscle

was normal bilaterally. A positive Patrick's on the left and negative on the right with normal sensation of the bilateral lower extremities were documented. The left hip was tender at the posterior and inguinal areas. The left knee was tender at the internal joint line with extensor strength at 3 out of 5 with positive internal McMurray's. Official reports of a left knee magnetic resonance imaging (MRI) performed on 08-06-2015, electrodiagnostic studies of the lower extremities performed on 04-06-2015 and cervical spine magnetic resonance imaging (MRI) performed on 04-06-2015 were included in the review. Prior treatments have included diagnostic testing, psychiatric evaluation, follow-ups and medicinal treatment, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, wrist support, knee brace, chiropractic therapy, trigger point injection and medications. Current medications were listed as Naproxen (since at least 04-2015), LidoPro, Gabapentin (since at least 04-2015), Omeprazole (since at least 04-2015), and Escitalopram. Treatment plan consists of pending right shoulder arthroscopy for rotator cuff repair, right wrist injection, continuing wrist support, knee brace, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, follow-up with psychiatrist, continuing physical therapy as scheduled, neurosurgical consultation for cervical spine, discussion for cervical and lumbar epidural steroid injection and the current request for Omeprazole 20mg #60, Naproxen 550mg #60 and Gabapentin 300mg #90. On 11-04-2015, the Utilization Review determined the request for Omeprazole 20mg #60, Naproxen 550mg #60 and Gabapentin 300mg #90 was not medically necessary.

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

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

**Omeprazole 20 mg #60:** Overturned

**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, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in November 2014 when, while working as a housekeeper, she slipped and fell injuring her knee and shoulder. Neck and knee pain and depression. In September 2015, her gabapentin dose had been increased from 300 mg per day two days before. Her sleep had improved but she was feeling tired and was having difficulty concentrating. When seen by the requesting provider she was having chronic radiating neck pain into the right upper extremity and low back pain radiating into the left lower extremity. She had right shoulder and wrist pain, and left knee pain. She was taking omeprazole, which was helping with gastric upset. Right shoulder, wrist, and left knee surgeries were pending. Physical examination findings included decreased right shoulder and left hip range of motion. There were multiple areas of tenderness. Right shoulder impingement testing was positive. Right Phalen's testing was positive with negative Tinel's and Finkelstein's tests. Naproxen, omeprazole, and gabapentin were prescribed. The gabapentin dose was 900 mg per day. Guidelines recommend consideration of a proton pump inhibitor for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take naproxen at the recommended dose and has a history of gastrointestinal upset responsive to omeprazole.

Continued prescribing is medically necessary.

**Naproxen 550 mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in November 2014 when, while working as a housekeeper, she slipped and fell injuring her knee and shoulder. Neck and knee pain and depression. In September 2015, her gabapentin dose had been increased from 300 mg per day two days before. Her sleep had improved but she was feeling tired and was having difficulty concentrating. When seen by the requesting provider she was having chronic radiating neck pain into the right upper extremity and low back pain radiating into the left lower extremity. She had right shoulder and wrist pain, and left knee pain. She was taking omeprazole, which was helping with gastric upset. Right shoulder, wrist, and left knee surgeries were pending. Physical examination findings included decreased right shoulder and left hip range of motion. There were multiple areas of tenderness. Right shoulder impingement testing was positive. Right Phalen's testing was positive with negative Tinel's and Finkelstein's tests. Naproxen, omeprazole, and gabapentin were prescribed. The gabapentin dose was 900 mg per day. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain. Medications are providing partial benefit. The requested dosing is within guideline recommendations. Continued prescribing is medically necessary.

**Gabapentin 300 mg #90: Overturned**

**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 claimant sustained a work injury in November 2014 when, while working as a housekeeper, she slipped and fell injuring her knee and shoulder. Neck and knee pain and depression. In September 2015, her gabapentin dose had been increased from 300 mg per day two days before. Her sleep had improved but she was feeling tired and was having difficulty concentrating. When seen by the requesting provider she was having chronic radiating neck pain into the right upper extremity and low back pain radiating into the left lower extremity. She had right shoulder and wrist pain, and left knee pain. She was taking omeprazole, which was helping with gastric upset. Right shoulder, wrist, and left knee surgeries were

pending. Physical examination findings included decreased right shoulder and left hip range of motion. There were multiple areas of tenderness. Right shoulder impingement testing was positive. Right Phalen's testing was positive with negative Tinel's and Finkelstein's tests. Naproxen, omeprazole, and gabapentin were prescribed. The gabapentin dose was 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment, there should be documentation of pain relief and improvement in function. In this case, there is evidence of pain relief and the claimant has radicular upper extremity and lower extremity pain as well as and right upper extremity nerve pain consistent with carpal tunnel syndrome. Her dose was recently increased and although she was having side effects two days afterwards, continued titration may still be possible. Ongoing prescribing was medically necessary.