

<b>Case Number:</b>	CM15-0030033		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Indiana

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 49 year old female who sustained an industrial injury on 10/19/12. The injured worker reported symptoms in the cervical spine and upper extremities. The diagnoses included left shoulder tendinitis, left shoulder status post arthroscopy, biceps tenodesis, subacromial decompression, cervical strain, thoracic strain and lumbar strain. Treatments to date include oral pain medication and physical therapy. In a progress note dated 1/5/15 the treating provider reports the injured worker was with "chronic cervical radicular pain rated as 7/10 described as sharp, stabbing...radiating to both arms with numbness tingling left greater than right." On 1/15/15 Utilization Review non-certified the request for Melatonin 2 milligrams # 90 with 3 refills, Gabapentin 300 milligrams and 18 sessions of Acupuncture (3x 6 weeks). The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Melatonin 2mg # 90 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medical Food.

**Decision rationale:** MTUS is silent regarding melatonin. Melatonin is classified as medical food a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. The package inserts indicates that Melatonin is a "natural sleep aid" that "helps and promotes sleep." Medical documents do not establish deficiency in nutritional requirements and do not indicate how the requested medication would specifically address the deficiency. As such, the request for Melatonin is not medically necessary.

**Gabapentin 300mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that 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". Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.

**18 sessions of Acupuncture (3x 6 weeks):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Acupuncture.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that pain medications are not tolerated. ODG states regarding Acupuncture of the neck and upper back, "Under study for upper back, but not recommended for neck pain." Additionally, "ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks." Medical notes does not appear to indicate prior acupuncture sessions. The request for 18 visits is in excess of the recommended 3-4 sessions. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for acupuncture for Acupuncture treatment 18 visits is not medically necessary.