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| <b>Case Number:</b>   | CM15-0033351 |                              |            |
| <b>Date Assigned:</b> | 02/26/2015   | <b>Date of Injury:</b>       | 04/27/2012 |
| <b>Decision Date:</b> | 04/07/2015   | <b>UR Denial Date:</b>       | 01/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/23/2015 |

### 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 35 year old female who sustained an industrial injury on 04/27/2012. Diagnoses include adhesive capsulitis of the shoulder, androgen insensitivity syndrome, joint pain multiple sites, and cervicalgia. Treatment to date has included medications, immobilizer splint, steroid injections, psychotherapy, chiropractic sessions, occupational and physical therapy. A physician progress note dated 12/23/2014 documents the injured worker has pain in the right wrist, hand, and shoulder, along with neck pain and headaches. She has anxiety and depression. She is grossly protective of her right upper extremity. There is tenderness noted in her right acromioclavicular joint more so than the glenohumeral joint. Right shoulder abduction and forward flexion is about 120 degrees which is associated with increased pain. There is tenderness noted in the right wrist joint and at the base of the right thumb associated with a swollen feeling in the right abductor pollicis Brevis muscle. There is tenderness in the right forearm musculature. Treatment requested is for Baclofen 10 mg, PO Q HS #30, Gabapentin 300 mg, 2-3 tabs PO Q 12 hrs. #150, and Trazadone 50 mg, 2-3 tabs PO Q HS #90. On 01/22/2015 Utilization Review modified the request for Gabapentin 300 mg, 2-3 tabs PO Q 12 hrs. #150 to Gabapentin 300 mg, 2-3 tabs PO Q 12 hrs. # 60 and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines. The request for Baclofen 10 mg, PO Q HS #30 was modified to Baclofen 10 mg, PO Q HS #20 for weaning and cited was California Medical Treatment Utilization Schedule-Chronic Pain Treatment Guidelines, and Official Disability Guidelines. The request for Trazadone 50mg, 2-3 tabs po q HS #90 was modified to Trazadone 50mg, 2-3 tabs po q HS # 60 for gradual weaning.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300 mg, 2-3 tabs PO Q 12 hrs #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 300 mg 2 to 3 tablets every 12 hours #150 are not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are chronic neck pain; right DeQuervain's tenosynovitis; right shoulder adhesive capsulitis; right rotator cuff tendinitis with impingement; and left shoulder pain. Subjectively, the injured worker has been increasing the Gabapentin on her own. The earliest progress note of the medical record is dated September 12, 2014. Gabapentin was prescribed at that time. The injured worker has persistent pain 6-7/10 pain in the right shoulder, wrist and neck. There is no evidence of objective functional improvement with the ongoing use of Gabapentin. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing long-term use of Gabapentin (as a first-line drug for neuropathic pain), Gabapentin 300 mg 2 to 3 tablets every 12 hours #150 are not medically necessary.

**Baclofen 10 mg, PO Q HS #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary updated 12/31/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg one HS #30 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic neck pain; right DeQuervain's tenosynovitis; right shoulder adhesive capsulitis; right rotator cuff tendinitis with impingement; and left

shoulder pain. In this case, the injured worker's working diagnoses are chronic neck pain; right DeQuervain's tenosynovitis; right shoulder adhesive capsulitis; right rotator cuff tendinitis with impingement; and left shoulder pain. The documentation shows the injured worker was taking Baclofen as far back as September 12, 2014. This is the earliest progress note in the medical record. The exact start date is unclear. Baclofen is indicated for short-term (less than two weeks). The treating physician has exceeded the recommended guidelines for duration of use. Additionally, there is no documentation with objective functional improvement as it relates to Baclofen 10 mg. Consequently, absent compelling clinical documentation with evidence of objective functional improvement with treatment in excess of the recommended guidelines for short-term use (less than two weeks), Baclofen 10 mg one HS #30 is not medically necessary.

**Trazadone 50 mg, 2-3 tabs PO Q HS #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental health section, Trazodone.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Trazodone 50 mg 2-3 tablets PO HS #90 is not medically necessary. Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic neck pain; right DeQuervain's tenosynovitis; right shoulder adhesive capsulitis; right rotator cuff tendinitis with impingement; and left shoulder pain. Trazodone is indicated as an option for insomnia only in patients with potential he coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker has clearly defined sleep difficulty issues. However, there is no documentation of coexisting mild depression or anxiety. Additionally, the injured worker was started on Lunesta to be taken concurrently with Trazodone. The documentation did not contain evidence of objective functional improvement with ongoing Trazodone use. Consequently, absent clinical documentation with objective functional improvement to gauge Trazodone efficacy, Trazodone 50 mg 2-3 tablets PO HS #90 is not medically necessary.