

Case Number:	CM15-0036827		
Date Assigned:	03/05/2015	Date of Injury:	07/20/2000
Decision Date:	04/10/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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: Hawaii, California, Iowa
 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 66 year old male, who sustained an industrial injury on July 20, 2000. The injured worker had sustained a right shoulder injury. The diagnoses have included shoulder impingement and pain in the shoulder region. Treatment to date includes pain medications and topical analgesics. No other prior treatments were noted in the documentation. Current documentation dated November 20, 2014 notes that the injured worker complained of persistent right shoulder pain. Physical examination of the right shoulder revealed right proximal tenderness and a near full range of motion. The injured worker reported some pain relief with the use of Gabapentin. On January 27, 2015 Utilization Review non-certified a request for Tylenol 325 mg #100 with 3 refills, Voltaren Gel 1 %-3 grams # 240 grams, 3 tubes with 3 refills and Gabapentin 300 mg # 60 with 3 refills. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol 325 mg 2 tabs po every 6 hours #100, 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Tylenol with Codeine®).

Decision rationale: MTUS and ODG state regarding codeine, recommended as an option for mild to moderate pain, as indicated below. Codeine is a schedule C-II controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. It is used as a single agent or in combination with acetaminophen (Tylenol with Codeine) and other products for treatment of mild to moderate pain. ODG further states regarding opioid usage, not recommended as a first-line treatment for chronic non-malignant pain, and not recommended in patients at high risk for misuse, diversion, or substance abuse. Opioids may be recommended as a 2nd or 3rd line treatment option for chronic non-malignant pain, with caution, especially at doses over 100 mg morphine equivalent dosage/day (MED). The medical records do not indicate what first-line treatment was tried and failed. Additionally, medical records do not detail how the patient's pain and functional level with Tylenol with Codeine has improved. As such, the request for Tylenol 325 mg 2 tabs po every 6 hours #100, 3 Refills is not medically necessary.

Voltaren Gel 1 percent -3 grams QID #240 grms-3 tubes: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Compound creams.

Decision rationale: MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. Additionally, the records indicate that the treatment area would be for shoulder, which has not been evaluated.

Gabapentin 300 mg 1 cap po BID #60, 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Additionally, the medical note provided does not document improvement in function as a result of gabapentin. As such, the request for Gabapentin 300 mg 1 cap po BID #60, 3 Refills is not medically necessary.