

<b>Case Number:</b>	CM15-0045098		
<b>Date Assigned:</b>	03/16/2015	<b>Date of Injury:</b>	01/28/2003
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/09/2015

### 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, Montana

Certification(s)/Specialty: Internal Medicine, Infectious Disease

### 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 54-year-old male who reported an injury on 01/28/2003. The mechanism of injury was not provided. On 02/05/2015, the injured worker was seen for left shoulder, left elbow, and left wrist pain. He rated the pain a 3/10 with medications and 7/10 without medications. There were no new problems or side effects. The injured worker had poor sleep quality and decreased activity level. Medications were listed as ibuprofen, Lyrica, docusate sodium, Senokot, Norco, and OxyContin. The physical examination revealed decreased range of motion of the bilateral shoulders, tenderness in the bicipital groove of the left shoulder, tenderness over the lateral epicondyle of the left elbow, a positive Tinel's test at the left elbow, and reduced motor strength graded at 4/5 in the left shoulder with abduction and external rotation and at the abductor pollicis brevis. There was reduced motor strength graded at 5-/5 for external rotation of the right shoulder. Since the injured worker had discontinued OxyContin and Lyrica, he remained in bed and was unable to perform daily tasks. The CURES report dated 11/13/2014 was consistent. The treatment plan included a prescription of Robaxin for muscle spasms, Kadian for long acting pain relief, Norco, gabapentin for neuropathic pain, and ibuprofen for anti-inflammatory pain relief. The provider indicated that Kadian was tried in the past with success but was discontinued because he was trying to reduce the amount of opioid medications. Norco was being decreased during this visit due to the addition of Kadian. The current use of Norco reduced the pain by 50% and allowed the injured worker to get out of bed, wash dishes, and perform light yard work. The injured worker had tried Neurontin by another provider. The

injured worker had a signed pain narcotic agreement on file and submitted to random drug screens. The Request for Authorization was dated 02/17/2015.

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

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

#### **Gabapentin 600mg, #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18.

**Decision rationale:** The request for gabapentin 600 mg #45 is not supported. The injured worker has a history of left shoulder, elbow, and wrist pain. The California MTUS indicates that antiepileptic drugs are recommended for neuropathic pain. The guidelines indicate that after initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. There is a lack of documentation of the presence of neuropathic pain in the subjective findings. There are subjective complaints of left shoulder, elbow, and wrist pain. There is no evidence of shooting or burning pain, numbness, or tingling. It appeared another provider initiated this medication but efficacy and functional benefit are not documented. Continued use of AEDs without documented benefits is not recommended. The request for gabapentin 600 mg #45 is not medically necessary.

#### **Kadian ER 30mg, #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 79.

**Decision rationale:** The request for Kadian ER 30 mg #15 is not supported. The injured worker has a history of left shoulder, elbow, and wrist pain. The California MTUS Guidelines state the responsibility of the treating physician involves ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It was noted the injured worker had been prescribed Kadian in the past without evidence of significant functional and vocational benefit. The clinical note stated the injured worker utilized Kadian in the past with success, but the prior notes indicated that the injured worker failed the use of Kadian because it was less effective. It was indicated that urine drug screens were routinely performed to monitor compliance; however, the results of a urine drug screen were not included in the documentation. The request for Kadian ER 30 mg #15 is not medically necessary.

#### **Norco 10/325mg, #45: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 79.

**Decision rationale:** The request for Norco 10/325 mg #45 is not supported. The injured worker has a history of left shoulder, elbow, and wrist pain. The California MTUS Guidelines state continued use is appropriate if the patient has returned to work or if the patient has improved functioning and decreased pain. There should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker reported a 50% pain reduction and significant functional benefit that allowed him to get out of bed, wash dishes, and perform light yard work duties with the use of Norco. The records indicate a pain contract is on file and recent CURES report was consistent. It was indicated that urine drug screens were routinely performed to monitor compliance; however, a recent urine drug screen was not included in the documentation provided for review. As such, the request for Norco 10/325 mg #45 is not medically necessary.

**Robaxin 500mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** The request for Robaxin 500 mg #30 is not supported. The injured worker has a history of left shoulder, elbow, and wrist pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. There is a lack of documentation that the injured worker is experiencing an acute exacerbation of chronic pain to support the ongoing use of this medication. There is a lack of documentation of functional improvement with the use of said medication. As such, the request for Robaxin 500 mg #30 is not medically necessary.

**Ibuprofen 600mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**Decision rationale:** The request for ibuprofen 600 mg #60 is not supported. The injured worker has a history of left shoulder, elbow, and wrist pain. The California MTUS Guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to

severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. The injured worker has chronic pain from an injury sustained in 2003 and long term use of NSAIDs is not recommended. There is a lack of documentation as to when the medication was started. The medical records indicate the injured worker has been on said medication since at least 04/03/2014. The medication has been prescribed for anti-inflammatory pain. There is a lack of documentation of the efficacy of the medication. As such, the request for ibuprofen 600 mg #60 is not medically necessary.