

<b>Case Number:</b>	CM15-0056806		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/05/2000
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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

Certification(s)/Specialty: Emergency 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 62-year-old female, who sustained an industrial injury on October 5, 2000. The mechanism of injury was not provided. The injured worker has been treated for low back, left shoulder and neck complaints. The diagnoses have included cervical herniated nucleus pulposus, cervical radiculitis, lumbar herniated nucleus pulposus, lumbar radiculitis, lumbar facet syndrome, insomnia and depressive anxiety. Treatment to date has included medications, radiological studies, Toradol injection and a transcutaneous electrical nerve stimulation unit (TENS). Current documentation dated February 17, 2015 notes that the injured worker reported worsening bilateral leg cramps. The injured worker also noted total body pain. The pain was rated an eight out of ten on the visual analogue scale with medications. Objective findings included multiple trigger points in the cervical and lumbar paraspinal musculature. Light touch palpation gave the injured worker a great deal of pain so the rest of the physical examination was deferred. The documentation notes that the injured worker failed Gabapentin for her neuropathic pain and cramping. The treating physician notes that when the injured worker was taking Lyrica her leg cramps were completely gone. The documentation also notes that the injured workers TENS unit was not working. The treating physician's plan of care included a request for Gabapentin 500 mg # 60, Terocin Patches # 120, Vitamin B 12 2cc IM times one and a transcutaneous electrical nerve stimulation unit purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Gabapentin 500mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

**Decision rationale:** The requested Purchase of Gabapentin 500mg #60 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has worsening bilateral leg cramps. The injured worker also noted total body pain. The pain was rated an eight out of ten on the visual analogue scale with medications. Objective findings included multiple trigger points in the cervical and lumbar paraspinal musculature. Light touch palpation gave the injured worker a great deal of pain so the rest of the physical examination was deferred. The documentation notes that the injured worker failed Gabapentin for her neuropathic pain and cramping. The treating physician notes that when the injured worker was taking Lyrica her leg cramps were completely gone. The documentation also notes that the injured workers TENS unit was not working. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Purchase of Gabapentin 500mg #60 is not medically necessary.

**Terocin patches #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Terocin patches #120, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has worsening bilateral leg cramps. The injured worker also noted total body pain. The pain was rated an eight out of ten on the visual analogue scale with medications. Objective findings included multiple trigger points in the cervical and lumbar paraspinal musculature. Light touch palpation gave the injured worker a great deal of pain so the rest of the physical examination was deferred. The documentation notes that the injured worker failed Gabapentin for her neuropathic pain and cramping. The treating physician notes that when the injured worker was taking Lyrica her leg cramps were completely gone. The documentation also notes that the injured workers

TENS unit was not working. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Terocin patches #120 is not medically necessary.

**Vitamin B 12 2cc IM times (1): Upheld**

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

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

**Decision rationale:** The requested Vitamin B 12 2cc IM times (1), is not medically necessary. Vitamin B 12 2cc IM times (1). CA Medical Treatment Utilization Schedule (MTUS) 2009 is silent regarding the Use of Cyanocobalamin (Vitamin b12). Other guideline used Official Disability Guidelines (ODG). Pain (Chronic) Vitamin B, Note: "Not recommended. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. A recent meta-analysis concluded that there are only limited data in randomized trials testing the efficacy of vitamin B for treating peripheral neuropathy and the evidence is insufficient to determine whether vitamin B is beneficial or harmful. In the comparison of vitamin B with placebo, there was no significant short-term benefit in pain intensity while there is a small significant benefit in vibration detection from oral benfotiamine, a derivative of thiamine. In comparing different doses of vitamin B complex, there was some evidence that higher doses resulted in a significant short-term reduction in pain and improvement in paraesthesiae, in a composite outcome combining pain, temperature and vibration, and in a composite outcome combining pain, numbness and paraesthesiae. There was some evidence that vitamin B is less efficacious than alpha-lipoic acid, cilostazol or cytidine triphosphate in the short-term improvement of clinical and nerve conduction study outcomes. Vitamin B is generally well tolerated. (Ang-Cochrane, 2008)" The injured worker's pain was rated an eight out of ten on the visual analogue scale with medications. Objective findings included multiple trigger points in the cervical and lumbar paraspinal musculature. Light touch palpation gave the injured worker a great deal of pain so the rest of the physical examination was deferred. The documentation notes that the injured worker failed Gabapentin for her neuropathic pain and cramping. The treating physician notes that when the injured worker was taking Lyrica her leg cramps were completely gone. The documentation also objective evidence of vitamin or nutritional deficiencies. The criteria noted above not having been met, Vitamin B 12 2cc IM times (1) is not medically necessary.

**TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** The requested TENS unit purchase, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, chronic, (transcutaneous electrical nerve stimulation), pages 114 - 116, note "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." The injured worker has worsening bilateral leg cramps. The injured worker also noted total body pain. The pain was rated an eight out of ten on the visual analogue scale with medications. Objective findings included multiple trigger points in the cervical and lumbar paraspinal musculature. Light touch palpation gave the injured worker a great deal of pain so the rest of the physical examination was deferred. The documentation notes that the injured worker failed Gabapentin for her neuropathic pain and cramping. The treating physician notes that when the injured worker was taking Lyrica her leg cramps were completely gone. The documentation also notes that the injured workers TENS unit was not working. The treating physician has not documented a current rehabilitation program, nor objective evidence of functional benefit from electrical stimulation under the supervision of a licensed physical therapist nor home use. The criteria noted above not having been met, TENS unit purchase is not medically necessary.