

<b>Case Number:</b>	CM15-0082529		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	10/12/2007
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 28 year old male who sustained an industrial injury on October 12, 2007. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the left upper extremity, random toxicology laboratory studies, Neurontin, Norco, Topamax, Wellbutrin, Zanaflex, cervical spine MRI, right shoulder MRI and psychiatric evaluation. The injured worker was diagnosed with right shoulder recurrent dislocation and instability, scapholunate disassociation, patellofemoral pain syndrome of the right knee, likely facet capsular tears of the cervical and lumbar spine, radial styloid fracture and carpal tunnel syndrome, right rib fracture, sternoclavicular trauma, circumferential allodynia of the right upper extremity, right knee interarticular injury, severe chronic pain syndrome and complex regional pain syndrome. According to progress note of April 13, 2015, the injured workers chief complaint was right shoulder pain and neck pain. The physical exam noted increase gelling, stiffness and early contractures of the right upper extremity and lower extremities and likely paraspinous. There was marked decrease in muscle strength in almost all muscle groups tested with marked decrease in abduction anterior elevation. The treatment plan included urine drug screen and prescriptions for Gralise, Prilosec, Wellbutrin, Zanaflex and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug screen:** Overturned

**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 chapter, Urine drug testing.

**Decision rationale:** The patient presents with right shoulder pain rated 6/10. The request is for URINE DRUG SCREEN. The request for authorization is dated 04/17/15. Physical examination reveals he has contractures of the right upper extremity with marked decrease in ROM testing for the right shoulder, elbow, wrist, and concrete contractures of the middle two digits of the right hand with non-mobility to passive and active testing, with severe guarding against ROM testing with normal testing of the left upper extremity. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 60% improvement in pain. Patient's medications include Neurontin, Norco, Topamax, Wellbutrin and Zanaflex. Per progress report dated 04/16/15, the patient is temporarily totally disabled. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low- risk patients. Treater does not discuss the request. In this case, the patient is prescribed Norco, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request IS medically necessary.

**Gralise ER 600mg, 3 by mouth once a day, #90, 3 refills (Prescribed 4/16/15):** Overturned

**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 (AEDs) Page(s): 18-19.

**Decision rationale:** The patient presents with right shoulder pain rated 6/10. The request is for GRALISE ER 600MG, 3 BY MOUTH ONCE A DAY, #90, 3 REFILLS (PRESCRIBED 4/16/15). The request for authorization is dated 04/17/15. Physical examination reveals he has contractures of the right upper extremity with marked decrease in ROM testing for the right shoulder, elbow, wrist, and concrete contractures of the middle two digits of the right hand with non-mobility to passive and active testing, with severe guarding against ROM testing with normal testing of the left upper extremity. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. Medication was reviewed and DDI was checked, he has no side effects, no complications, no

aberrant behavior, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 60% improvement in pain. Patient's medications include Neurontin, Norco, Topamax, Wellbutrin and Zanaflex. Per progress report dated 04/16/15, the patient is temporarily totally disabled. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Patient has been prescribed Gralise since at least 01/29/15. The patient presents with neuropathic pain for which Gralise is indicated, and treater has documented decrease in pain and improved function. Given patient's neuropathic pain and diagnosis, the request appears reasonable. Therefore, the request WAS medically necessary.

**Prilosec 20mg, 1 by mouth twice daily, #60, 3 refills (Prescribed 4/16/15): 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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with right shoulder pain rated 6/10. The request is for PRILOSEC 20MG, 1 BY MOUTH TWICE DAILY, #60, 3 REFILLS (PRESCRIBED 4/16/15). The request for authorization is dated 04/17/15. Physical examination reveals he has contractures of the right upper extremity with marked decrease in ROM testing for the right shoulder, elbow, wrist, and concrete contractures of the middle two digits of the right hand with non-mobility to passive and active testing, with severe guarding against ROM testing with normal testing of the left upper extremity. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 60% improvement in pain. Patient's medications include Neurontin, Norco, Topamax, Wellbutrin and Zanaflex. Per progress report dated 04/16/15, the patient is temporarily totally disabled. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Patient has been prescribed Prilosec since at least 08/14/14. However, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required by guidelines, the request WAS NOT medically necessary.

**Wellbutrin 100mg, 1 by mouth three times daily, #90, 3 refills (Prescribed 4/16/15): 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 Bupropion (Wellbutrin) antidepressants Page(s): 13-16.

**Decision rationale:** The patient presents with right shoulder pain rated 6/10. The request is for WELLBUTRIN 100MG, 1 BY MOUTH THREE TIMES DAILY, #90, 3 REFILLS (PRESCRIBED 4/16/15). The request for authorization is dated 04/17/15. Physical examination reveals he has contractures of the right upper extremity with marked decrease in ROM testing for the right shoulder, elbow, wrist, and concrete contractures of the middle two digits of the right hand with non-mobility to passive and active testing, with severe guarding against ROM testing with normal testing of the left upper extremity. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain. Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 60% improvement in pain. Patient's medications include Neurontin, Norco, Topamax, Wellbutrin and Zanaflex. Per progress report dated 04/16/15, the patient is temporarily totally disabled. MTUS Guidelines under: specific antidepressants, page 16, for Bupropion (Wellbutrin) states this is a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain. MTUS Guidelines regarding antidepressants page 13 to 15 states, "While bupropion has shown some efficacy in neuropathic pain, there is no evidence of efficacy on patient with non-neuropathic chronic low back pain." Treater does not specifically discuss this medication. Patient has been prescribed Wellbutrin since at least 08/14/14. Given the patient's continued symptoms and diagnosis of neuropathic pain, the request appears reasonable. However, the treater does not discuss or document the patient having depression. Therefore, the request WAS NOT medically necessary.

**Zanaflex 4mg, 1 by mouth twice daily, #60, 3 refills (Prescribed 4/16/15): 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 Muscle Relaxants for pain Medications for chronic pain Page(s): 63-66, 60.

**Decision rationale:** The patient presents with right shoulder pain rated 6/10. The request is for ZANAFLEX 4MG, 1 BY MOUTH TWICE DAILY, #60, 2 REFILLS (PRESCRIBED 4/16/15). The request for authorization is dated 04/17/15. Physical examination reveals he has contractures of the right upper extremity with marked decrease in ROM testing for the right shoulder, elbow, wrist, and concrete contractures of the middle two digits of the right hand with non-mobility to passive and active testing, with severe guarding against ROM testing with normal testing of the left upper extremity. The patient has been continuing note substantial benefit of the medications, and he has nociceptive, neuropathic and inflammatory pain.

Medication was reviewed and DDI was checked, he has no side effects, no complications, no aberrant behavior, he has no signs of illicit drug abuse, diversion, habituation and is on the lowest effective dosing, with about 60% improvement in pain. Patient's medications include Neurontin, Norco, Topamax, Wellbutrin and Zanaflex. Per progress report dated 04/16/15, the patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. The patient is prescribed Zanaflex since at least 08/14/14. In this case, treater has documented decrease in pain and improved function with use of medication. However, the patient is not diagnosed with myofascial pain/spasm for which Zanaflex is indicated per MTUS. Therefore, the request WAS NOT medically necessary.