

<b>Case Number:</b>	CM15-0085995		
<b>Date Assigned:</b>	05/08/2015	<b>Date of Injury:</b>	06/08/2009
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 43 year old female, who sustained an industrial injury on 6/08/2009, after a fall onto her right side. The injured worker was diagnosed as having other chronic pain, cervical radiculopathy, lumbar radiculopathy, right hip pain, right trochanteric bursitis, obesity, and herniated nucleus pulposus in the lumbar spine. Treatment to date has included diagnostics, and medications. Currently, the injured worker complains of neck pain with radiation down her bilateral upper extremities, right greater than left, with numbness and tingling. She reported ongoing headaches. She reported low back pain with radiation to the lower extremities, with occasional numbness. Bilateral hip and knee pain was reported, with muscle weakness. Pain was rated 7/10 with medications and 10/10 without. Pain was reported as worsened since last visit and difficulty with activities of daily living. Pain levels were unchanged from the previous visit. Exam of the cervical spine noted tenderness at C4-7. Exam of the lumbar spine noted tenderness and moderately limited range of motion due to pain. Exam of the upper extremities noted tenderness to palpation to both hands, with moderate swelling, decreased right shoulder range of motion due to pain, decreased strength of the extensor muscles and grip strength in the right. Exam of the lower extremities noted tenderness to palpation at the right knee and decreased range of motion due to pain. Electromyogram and nerve conduction studies (10/14/2011 upper and lower extremities) were referenced as showing moderate right carpal tunnel syndrome. Her work status was total temporary disability. The treatment plan included a subscapular nerve block under fluoroscopy (due to failed conservative treatment which included drug therapy, activity modification, and/or physical therapy), physical therapy for the right upper

extremity and shoulder 2x4, and medication renewals, including APAP/Codeine, Enovarx-Ibuprofen kit, Gabapentin, and Capsaicin cream. She was also recommended a weight loss program. Urine toxicology was not noted.

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

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

#### **Right Suprascapular Nerve block under fluoroscopy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 561-563. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Shoulder.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain medications can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The records indicate that the patient had completed conservative management with medications and PT but the shoulder pain was not relieved. The request for Right Suprascapular nerve block under fluoroscopy is medically necessary.

#### **Physical therapy; eight (8) sessions (2x4): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that physical therapy (PT) can be utilized for the treatment of exacerbation of musculoskeletal pain. The guidelines recommend that patient proceed to a home exercise program on completion of supervised physical therapy program. The records indicate that the patient had previously completed supervised physical therapy program. The request for physical therapy 8 sessions 2 X4 is not medically necessary.

#### **APAP/codeine phosphate 300/30mg; BID, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of neuropathic pain when standard treatments with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records show that the patient has been utilizing opioids for many years. There is no documentation of compliance monitoring of serial UDS, CURES data reports and functional restoration. The request for the use of APAP/ Codeine phosphate 300/30mg BID #60 is not medically necessary.

**Enovarx-ibuprofen 10% kit use as directed #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiac, renal and gastrointestinal complications. The use of topical NSAIDs is associated with the development of tolerance and decreased efficacy. There is lack of guidelines or FDA support for the use of topical formulations of ibuprofen. The request for the use of Enovarx ibuprofen 10% kit #1 is not medically necessary.

**Gabapentin 600mg 1/2 tab BID #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-convulsant.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anti-convulsants can be utilized for the treatment of chronic musculoskeletal pain and neuropathic pain. The chronic use of gabapentin is associated with pain relief, mood stabilization, improve sleep and reduction in analgesic utilization. The records indicate significant improvement of symptoms with utilization of gabapentin. The request for the gabapentin 600mg 1/2 BID #30 is medically necessary.

**Capsaicin 0.025% cream Tid #3:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesics can be utilized for the treatment of localized musculoskeletal and neuropathic pain. The utilization of topical analgesic can result in significant relief of pain, functional restoration and reduction of medication utilization. The request for the use of capsaicin 0.025% cream TID #3 is medically necessary.