

<b>Case Number:</b>	CM15-0088515		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/02/2005
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: Internal 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 63-year-old female, who sustained an industrial injury on 9/02/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included medications, physical therapy, and injections. Currently, the injured worker complains of wrist and hand pain (right greater than left), rated 2-3/10 with medication use and 4-5/10 without. She reported unchanged tingling in her thumbs and no new symptoms or neurological changes. Medication use included Gabapentin for neuropathic pain, Tizanidine for muscle spasm, and Pennsaid as an anti-inflammatory component. The use of medication allowed her to do more activities around the house and care for her grandchildren. Her work status was permanent and stationary and she was currently not working. Physical exam noted 5/5 bilateral upper extremity strength, diminished sensation at the right thumb, and positive Tinel's and Phalen's on the right. The treatment plan included continued medications. The use of the prescribed medications was noted for greater than one year.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 bottles of Pennsaid 1.5% topical 300 ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks or with a diminishing effect after two weeks. For osteoarthritis of the knee, topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain, as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. Medical records document the long-term use of NSAIDs. The date of injury was 09-02-2005. Medical records document that the patient's occupational injuries are chronic. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. The use of the topical NSAID Pennsaid (Diclofenac) is not supported by MTUS guidelines. Therefore, the request for Pennsaid (Diclofenac) is not medically necessary.

**60 tablets of Zanaflex 4 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of Zanaflex. The date of injury was 09-02-2005. Medical records document that the patient's occupational injuries are chronic. Medical records document the use of NSAIDs. Per MTUS, using muscle relaxants in

combination with NSAIDs has no demonstrated benefit. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Zanaflex is not supported by MTUS and ACOEM guidelines. Therefore, the request for Zanaflex is not medically necessary.

**60 tablets of Neurontin 600 mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page 18-19.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicate that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. The primary treating physician progress report dated 4/21/15 documented that the gabapentin helps for neuropathic pain and numbness in the hands. Carpal tunnel syndrome was the diagnosis. Medical records documented neuropathic pain. Per MTUS, Neurontin (Gabapentin) is considered as a first-line treatment for neuropathic pain. The request for Neurontin (Gabapentin) in the patient with a history of carpal tunnel syndrome is supported by MTUS guidelines. Therefore, the request for Neurontin (Gabapentin) is medically necessary.