

<b>Case Number:</b>	CM15-0236605		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	03/27/2012
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 57 year old female, who sustained an industrial injury on 3-27-12. The injured worker was diagnosed as having lumbar disc disease, bilateral knee arthroplasty and pain and upper extremity overuse syndrome. Subjective findings (7-9-15, 10-6-15) indicated 7 out of 10 left shoulder pain and left wrist and thumb pain. Objective findings (7-9-15, 10-6-15) revealed full bilateral shoulder range of motion, full left wrist range of motion and tenderness at the base of the left CMC joint. As of the PR2 dated 11-19-15, the injured worker reports bilateral shoulder pain and left wrist-thumb pain. Objective findings include full bilateral shoulder range of motion, full left wrist range of motion and tenderness at the base of the left CMC joint. Current medications include Gabapentin (since at least 12-11-14), Voltaren gel and Arthrotec (since at least 10-6-15). Treatment to date has included Omeprazole, a TENS unit, acupuncture and physical therapy x 8 sessions for the lumbar spine. The Utilization Review dated 11-25-15, non-certified the request for Gabapentin 100mg #60 x 3 refills and Arthrotec 75-200mg #30 x 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100 mg #60 times 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The claimant sustained a work injury and March 2012 and continues to be treated for low back, bilateral knee, and bilateral foot pain and secondary major depressive disorder. In January 2015 medications included naproxen which was causing stomach problems. Naproxen was discontinued and Voltaren gel and Flector were requested. In February 2015 oral medications were helping with pain and providing short-term benefit. Naproxen, gabapentin, and omeprazole were requested. In April 2015 she continued to have left knee pain and swelling and left wrist and thumb pain with cramping. Ibuprofen, omeprazole, and Voltaren were requested. When seen on 11/19/15 she was struggling with severe pain because she had been unable to receive medications since April 2015. She was having flaring bilateral shoulder burning pain and left wrist and thumb pain and cramping. She was unable to sleep. She had completed eight sessions of physical therapy and acupuncture treatments for the left upper extremity with benefit. Physical examination findings included bilateral medial epicondyle tenderness. Right Tinel's and Phalen's testing was positive. There was decreased left grip strength. There was left first carpometacarpal joint tenderness. Left wrist range of motion was limited. Authorization was requested for topical Voltaren, Arthrotec, and gabapentin 100 mg #60, all with three refills. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the requested gabapentin dosing is less than that recommended and no titration was being planned. This request for gabapentin at this dose for four months for is not medically necessary.

**Arthrotec 75-200 mg #30 times 3:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury and March 2012 and continues to be treated for low back, bilateral knee, and bilateral foot pain and secondary major depressive disorder. In January 2015 medications included naproxen which was causing stomach problems. Naproxen was discontinued and Voltaren gel and Flector were requested. In February 2015 oral medications were helping with pain and providing short-term benefit. Naproxen, gabapentin, and omeprazole were requested. In April 2015 she continued to have left knee pain and swelling and left wrist and thumb pain with cramping. Ibuprofen, omeprazole, and Voltaren were requested. When seen on 11/19/15 she was struggling with severe pain because she had been unable to

receive medications since April 2015. She was having flaring bilateral shoulder burning pain and left wrist and thumb pain and cramping. She was unable to sleep. She had completed eight sessions of physical therapy and acupuncture treatments for the left upper extremity with benefit. Physical examination findings included bilateral medial epicondyle tenderness. Right Tinel's and Phalen's testing was positive. There was decreased left grip strength. There was left first carpometacarpal joint tenderness. Left wrist range of motion was limited. Authorization was requested for topical Voltaren, Arthrotec, and gabapentin 100 mg #60, all with three refills. Arthrotec contains diclofenac and misoprostol. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of diclofenac is up to 150 mg per day in divided doses. Misoprostol is a synthetic prostaglandin that is used to reduce the risk of stomach ulcers in patients treated with nonsteroidal anti-inflammatory drugs. Arthrotec is referenced in the MTUS guidelines. In this case, the claimant has chronic persistent pain and a history of gastrointestinal upset with NSAID use. Prescribing Arthrotec is medically necessary.