

<b>Case Number:</b>	CM14-0087677		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/25/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, neck pain, low back pain, depression, and posttraumatic headaches reportedly associated with an industrial injury of June 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a May 17, 2014 Utilization Review Report, the claims administrator denied a request for gastroenterology consultation, denied a request for neurology consultation, denied a request for TENS unit patch/supplies, denied a request for Tramadol, approved one request for Naprosyn, denied a second request for Naprosyn, denied a request for Flexeril, and denied a request for Neurontin. The applicant's attorney subsequently appealed. In a July 9, 2014 progress note, the applicant reported 8/10 pain. The applicant reported daily headaches. The applicant stated that his medications diminished his pain and allowed him to be functional, although the attending provider did not elaborate as to what functions have specifically been improved. The attending provider did note that the applicant was having difficulty lifting a gallon of milk with his right hand and had to use both hands to do so. The applicant's pain was waking him up at night, it was stated. The applicant was depressed, it was further noted. The applicant appeared to be tired. Limited cervical range of motion was noted. Tramadol, Naprosyn, Flexeril, and Neurontin were endorsed, reportedly for the purpose of keeping the applicant functional. TENS unit patches were also appealed. The attending provider stated that the applicant was using Protonix to combat stomach upset associated with medication usage and stated that Protonix had been helpful in this regard.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consultation with a Gastroenterologist specialist: 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.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant apparently has some residual symptoms of reflux despite ongoing usage of Protonix. Consultation with a gastroenterologist to further evaluate the applicant's complaints of reflux is therefore indicated. Accordingly, the request is medically necessary.

**Consultation with a Neurologist: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- head

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, a referral may be appropriate when an attending provider is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider, an orthopedist, may be uncomfortable treating or addressing ongoing issues with neuropathic pain, including upper extremity paresthesias, which has seemingly persisted despite introduction of Neurontin. Obtaining the added expertise of a neurologist to further evaluate the same is indicated. Therefore, the request is medically necessary.

**Transcutaneous Electrical Nerve Stimulation pads: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit and/or associated supplies beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both pain relief and function. In this case, however, the introduction of the TENS unit has failed to demonstrate any lasting benefit or functional improvement as defined in MTUS

9792.20f to date. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on four different analgesic medications. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite prior introduction of the TENS unit. Therefore, the request for TENS unit patch is not medically necessary.

**Tramadol Extended Release 150mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant continues to report pain complaint as high as 8/10, despite ongoing usage of Tramadol. The attending provider has failed to quantify any decrements in pain and/or expound upon any material improvements in function (if any) achieved as a result of ongoing Tramadol usage. Therefore, the request is not medically necessary.

**Tramadol Extended Release 150mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant continues to report 8/10 pain, despite ongoing Tramadol usage. The applicant is having difficulty performing lifting tasks, the attending provider has acknowledged, despite ongoing usage of Tramadol. The attending provider has failed to quantify any decrements in pain achieved as a result of ongoing Tramadol usage and has likewise failed to recount any material improvements in function achieved as a result of the same. Therefore, the request is not medically necessary.

**Naproxen 550mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia, as is present here, is cessation of the offending NSAID. In this case, the applicant continues to report issues with dyspepsia, reportedly imputed to ongoing Naprosyn usage. Given the fact that the attending provider believes these complaints to be so significant that they require a gastroenterology consultation, discontinuing the offending NSAID appears to be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Flexeril) to other agents is not recommended. In this case, the applicant is using at least three other analgesic and adjuvant medications. Adding Cyclobenzaprine (Flexeril) to the mix is not recommended. Therefore, the request is not medically necessary.

**Neurotonin 600mg #90:** Upheld

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

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. In this case, however, the applicant is off of work. The applicant continues to report pain at the 8/10 level, despite ongoing Neurontin usage. The applicant is having difficulty performing activities of daily living as basic as lifting, despite ongoing usage of the same. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Neurontin. Therefore, the request is not medically necessary.

**Neurontin 600mg #90:** Upheld

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

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

**Decision rationale:** As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using Gabapentin (Neurontin) should be asked at "each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the applicant is off of work. The applicant continues to report pain scores as high as 8/10, despite ongoing Neurontin usage. Upper extremity paresthesias persist. The applicant is having difficulty performing activities of daily living as basic as lifting, despite ongoing usage of Gabapentin. Ongoing usage of Gabapentin (Neurontin) failed to curtail the applicant's dependence on opioid agents such as Tramadol. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.