

<b>Case Number:</b>	CM14-0217925		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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. 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:

The injured worker sustained a work related injury on May 13, 2011, pulling a metal cart, feeling a pain in the right shoulder. The injured worker's conservative treatments were noted to have included physical therapy, acupuncture, home exercise program, massage therapy, injections, and oral and topical medications. A Physician's visit dated November 13, 2014, noted the injured worker with complaints of neck pain and right shoulder pain. The injured worker reported the pain as a 7/10, with zero being no pain and 10 the worst pain possible, the pain noted as aching and constant, with waking up at night due to the pain. The injured worker was noted to be taking two Extra Strength Tylenol for three a day. Physical examination was noted to show right upper extremity weakness, restricted cervical spine range of motion with positive facet loading on the right side, and restricted movements of the right shoulder. The diagnoses were listed as pain in joint of shoulder, shoulder region disorders not classified elsewhere, and rotator cuff sprains and strains. The Physician noted the injured worker was to continue with ice, heat, exercise, and medications, and would benefit from additional sessions of acupuncture for the right shoulder, having completed sixteen sessions. The injured worker was noted to have received good benefit from the acupuncture, with less discomfort completing activities of daily living, no increase in oral medications with increased physical activity, and reduced discomfort with work activities, recreational activities, and participation with family life. The injured worker was noted to be on modified duty. The Physician requested authorization for eight sessions of acupuncture, Gabapentin 300mg #90, and Lidocaine Patch 5% #30. On December 1, 2014, Utilization Review evaluated the request for eight sessions of acupuncture, Gabapentin

300mg #90, and Lidocaine Patch 5% #30, citing the MTUS Acupuncture Medical Treatment Guidelines, and the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted that from the available documentation, the injured worker had completed sixteen acupuncture sessions, with no appreciable change in the pain or functional status, therefore, the request for eight sessions of acupuncture was denied. The UR Physician noted that Gabapentin was recommended for treatment of neuropathic pain as a first line agent per the MTUS Chronic pain Medical Treatment Guidelines, and that the available report did not document the presence of neuropathic pain, therefore the request for Gabapentin 300mg #90 was denied. The UR Physician noted that the MTUS Chronic Pain Guidelines did not recommend Lidoderm Patch for the treatment of shoulder pain, and that the available report did not document the presence of neuropathic pain, therefore, the request for Lidocaine Patch 5% #30 was denied. The decisions were subsequently appealed to Independent Medical Review.

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

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

**Eight sessions of acupuncture:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Page(s): 8 - 9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with neck and shoulder pain rated 07/10. The request is for Eight Sessions Of Acupuncture. Cervical range of motion was restricted with flexion to 30 degrees and extension on 30 degrees. Cervical facet loading was positive on the right and negative on the left side. Physical examination of the right shoulder revealed restricted movements with flexion limited to 50 degrees and abduction limited to 90 degrees with pain. Motor examination showed power of shoulder external rotation at 3/5 on right and 5/5 on left, shoulder internal rotation is 3/5 on right and 5/5 on left. Sensory examination confirmed normal light touch sensation all over the body. The patient is to return to modified duty. For acupuncture, the MTUS Guidelines page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient complains of neck and shoulder pain rated 07/10. Per progress report dated 11/13/14, the patient has completed 16 acupuncture sessions for the right shoulder with good benefit. The treater further states that the patient has been able to complete her activities of daily living with less discomfort after acupuncture and is not increasing her oral medications use even though she has been more physically active; however, there is no documentation of any specific and significant functional improvement in ADLs, or a change in the patients work status as required by MTUS. Therefore, the request is not medically necessary.

**Gabapentin 300 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18 - 19, 49, and 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 16-19.

**Decision rationale:** The patient presents with neck and shoulder pain rated 07/10. The request is for Gabapentin 300 MG, # 90. Motor examination showed power of shoulder external rotation at 3/5 on right and 5/5 on left, shoulder internal rotation is 3/5 on right and 5/5 on left. Sensory examination confirmed normal light touch sensation all over the body. Patient's medications include Tylenol and Mentherm gel. The patient is to return to modified duty. 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 posttherapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, the patient presents with neck and shoulder pain. Gabapentin was included in progress report 11/13/14. Gabapentin is a first-line treatment for neuropathic pain. In review of medical reports, there are no documentations or evidence of neuropathic pain for which this medication is indicated. Therefore, the request is not medically necessary.

**Lidocaine patch 5%, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine topical analgesic Page(s): 56-57,111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

**Decision rationale:** The patient presents with neck and shoulder pain. The request is for Lidocaine Patch 5%, #30. The patient's diagnosis included pain in joint of shoulder, shoulder region disorders not elsewhere classified, and rotator cuff sprains and strains. The patient is to return to modified duty. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidocaine patch was first noted in progress report dated 11/13/14. The patient has received the patch consistently since then. The patient presents with neck and shoulder pain; however, the patient does not present with localized, peripheral neuropathic pain for which this topical medication is indicated. Furthermore, the treater does not state how it is used and with what efficacy either. Therefore, the request is not medically necessary.