

Case Number:	CM15-0113720		
Date Assigned:	06/22/2015	Date of Injury:	03/06/2013
Decision Date:	09/23/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/12/2015

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: 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 is a 52 year old female with an industrial injury dated 08/23/2010-03/06/2013 cumulative trauma resulting in pain in bilateral wrists, hands and elbows. Her diagnoses included cervical radiculopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, right lateral epicondylitis, status post right carpal tunnel release and status post-surgery of left wrist. Prior treatment included diagnostics, cortisone injection in wrists and elbow, physical therapy, pain medication and surgery. She presented on 04/30/2015 with complaints of pain in cervical spine, bilateral shoulders, bilateral elbows and bilateral wrist. Physical exam noted decreased range of motion of the cervical spine. There was tenderness to palpation of the right shoulder with positive Neer's and Hawkins's sign. There was tenderness to palpation of bilateral elbows. Tinel's test was positive. Bilateral wrists were also tender with positive carpal compression test. Treatment plan consisted of pain medications, muscle relaxants and topical medications. The request is for Amitriptyline HCL 10%/ Gabapentin 10 %/ Bupivacaine HCL 5 %/Hyaluronic Acid 0.2% in cream base, Cyclobenzaprine HCL 7.5 mg - ninety count, Gabapentin 600 mg - sixty count, Naproxen sodium 550 mg - sixty count, Norco 10/325 mg - ninety count, Pantoprazole 20 mg - 60 count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: The patient was injured on 03/06/13 and presents with pain in her cervical spine, right/left shoulder, right/left elbow, and right/left wrist. The request is for naproxen sodium 550 mg, sixty count for pain. The RFA is dated 04/30/15 and the patient is to remain off of work until 05/30/15. The patient has been taking this medication as early as 01/28/15. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatory are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The patient has a decreased range of motion of the cervical spine, tenderness to palpation of the right shoulder, a positive Neer's and Hawkins's sign, tenderness to palpation of bilateral elbows, a positive Tinel's test, and tender bilateral wrists with positive carpal compression test. She is diagnosed with cervical radiculopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, right lateral epicondylitis, status post right carpal tunnel release, and status post-surgery of left wrist. The treater does not specifically discuss efficacy of Naproxen on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Naproxen IS NOT medically necessary.

Cyclobenzaprine HCL 7.5 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient was injured on 03/06/13 and presents with pain in her cervical spine, right/left shoulder, right/left elbow, and right/left wrist. The request is for Cyclobenzaprine HCL 7.5 mg, ninety count for pain. The RFA is dated 04/30/15 and the patient is to remain off of work until 05/30/15. The patient has been taking this medication as early as 01/28/15. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The patient has a decreased range of motion of the cervical spine, tenderness to palpation of the right shoulder, a positive Neer's and Hawkins's sign, tenderness to palpation of bilateral elbows, a positive Tinel's test, and

tender bilateral wrists with positive carpal compression test. She is diagnosed with cervical radiculopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, right lateral epicondylitis, status post right carpal tunnel release, and status post-surgery of left wrist. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking this medication as early as 01/28/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Cyclobenzaprine IS NOT medically necessary.

Gabapentin 600 mg, sixty count: Upheld

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

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

Decision rationale: The patient was injured on 03/06/13 and presents with pain in her cervical spine, right/left shoulder, right/left elbow, and right/left wrist. The request is for Gabapentin 600 mg, sixty count for nerve pain. The RFA is dated 04/30/15 and the patient is to remain off of work until 05/30/15. The patient has been taking this medication as early as 01/28/15. MTUS Guidelines, Gabapentin, pages 18 and 19 revealed the following: "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The patient has a decreased range of motion of the cervical spine, tenderness to palpation of the right shoulder, a positive Neer's and Hawkins's sign, tenderness to palpation of bilateral elbows, a positive Tinel's test, and tender bilateral wrists with positive carpal compression test. She is diagnosed with cervical radiculopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, right lateral epicondylitis, status post right carpal tunnel release, and status post-surgery of left wrist. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.

Pantoprazole 20 mg, sixty count: Overturned

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 risks Page(s): 60-69.

Decision rationale: The patient was injured on 03/06/13 and presents with pain in her cervical spine, right/left shoulder, right/left elbow, and right/left wrist. The request is for Pantoprazole 20 MG, sixty count for stomach irritation. The RFA is dated 04/30/15 and the patient is to remain off of work until 05/30/15. The patient has been taking this medication as early as

01/28/15.MTUS Guidelines, NSAIDs, page 60 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with cervical radiculopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, right lateral epicondylitis, status post right carpal tunnel release, and status post-surgery of left wrist. As of 04/30/15, the patient is taking Naproxen, Norco, Cyclobenzaprine, and Gabapentin. In this case, the treater is requesting for Pantoprazole for the patient's stomach irritation with Naproxen, an NSAID. Given that the patient is taking NSAIDs and presents with stomach irritation, the request IS medically necessary.

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 03/06/13 and presents with pain in her cervical spine, right/left shoulder, right/left elbow, and right/left wrist. The request is for Norco 10/325 MG, ninety count for pain. The RFA is dated 04/30/15 and the patient is to remain off of work until 05/30/15. The patient has been taking this medication as early as 02/03/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4 A's, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is diagnosed with cervical radiculopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, right lateral epicondylitis, status post right carpal tunnel release, and status post-surgery of left wrist. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales provided. There are no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: The patient was injured on 03/06/13 and presents with pain in her cervical spine, right/left shoulder, right/left elbow, and right/left wrist. The request is for Amitriptyline HCL 10%/Gabapentin 10%/Bupivacaine HCL 5%/Hyaluronic Acid 0.2% in cream base. The RFA is dated 04/30/15 and the patient is to remain off of work until 05/30/15. The patient has been using this topical as early as 04/02/15. MTUS guidelines has the following regarding topical creams (p111, chronic pain section): "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." MTUS continues to state that many agents are compounded for pain control including antidepressants and that there is little to no research to support their use. "There is currently one Phase III study of baclofen-amitriptyline-ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer review literature to support the use of topical baclofen." The patient is diagnosed with cervical radiculopathy, right shoulder impingement syndrome, left shoulder impingement syndrome, right lateral epicondylitis, status post right carpal tunnel release, and status post-surgery of left wrist. MTUS specifically states that anti-depressants such as Amitriptyline are not recommended and this ingredient has not been tested for transdermal use with any efficacy. The requested compounded cream also contains Gabapentin which is not indicated by guidelines. MTUS states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Neither Amitriptyline nor Gabapentin are indicated for topical cream. The requested compounded cream IS NOT medically necessary.