

<b>Case Number:</b>	CM15-0116892		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New York

Certification(s)/Specialty: Emergency 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 47-year-old male, with a reported date of injury of 12/18/2014. The mechanism of injury was a fall to the ground and landed on his right shoulder, and right side of his neck. The injured worker's left thumb was hyperextended causing him to have pain. The injured worker's symptoms at the time of the injury included right shoulder pain, left hand pain, and neck pain. The diagnoses include right shoulder strain, cervical strain, and contusion of left hand, right shoulder joint pain, and cervical intervertebral disc displacement without myelopathy. Treatments and evaluation to date have included oral medications; ice/heat treatment; an MRI of the right shoulder on 01/10/2015; physical therapy; x-rays of the cervical spine, which showed significant loss of cervical lordosis; and x-rays of the right shoulder and humerus, which showed spurring on the undersurface of the acromion. The progress report dated 05/20/2015 indicates that the injured worker reported constant pain with stiffness of his cervical spine and right shoulder. He rated his pain 6 out of 10. He complained of severe pain that radiated into the right arm with occasional numbness and tingling. The objective findings include tenderness along the trapezius muscles bilaterally with spasm. No other objective findings were included. The treating physician requested an interferential unit for 30-day rental, an interferential unit (indefinite use) for purchase, Orphenadrine/Caffeine 50/10mg #60, Gabapentin/Pyridoxine 250/10mg #180 two times daily, Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4% cream 180 grams, and Mometasone/Doxepin 0.15%/5% 60 mg to be applied 2-3 times a day. It was noted that the purchase of the interferential unit if effective for long-term care with supplies as needed to manage pain and reduce medication usage.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Interferential Unit (Days), QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS) Page(s): 118-120.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118-120.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medication, and limited evidence of improvement on those recommended treatments alone. The injured worker was advised to remain off work until 06/07/2015. It was noted that he would return to full-duty on 06/08/2015 with no limitations or restrictions. The guidelines also indicate that while not recommended as an isolated intervention, interferential current stimulation is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. There was no evidence that the injured worker met the criteria for a one-month trial. Therefore, the request for the rental of an interferential unit for 30 days is not medically necessary.

**Interferential Unit (Indefinite Use), QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 118-120.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that interferential current stimulation is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medication, and limited evidence of improvement on those recommended treatments alone. The injured worker was advised to remain off work until 06/07/2015. It was noted that he would return to full-duty on 06/08/2015 with no limitations or restrictions. The guidelines also indicate that while not recommended as an isolated intervention, interferential current stimulation is possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with

medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures. If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. There was no evidence that the injured worker met the criteria for a one-month trial. Therefore, the request for the purchase of an interferential unit is not medically necessary.

**Orphenadrine/Caffeine 50/10mg, QTY: 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical foods.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines recommend 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 guidelines also indicate that the effectiveness of muscle relaxants appear to "diminish over time and prolonged use of the some medications in this class may lead to dependence. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects." The FDA approved this drug. Combination products are given three to four times a day. The request is for Orphenadrine in combination with caffeine; however, the frequency of the medication prescribed was not indicated. Therefore, the request is not medically necessary.

**Gabapentin/Pyridoxine 250/10mg, QTY: 180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical foods.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Vitamin B6 (pyridoxine).

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The Official Disability Guidelines indicate that Pyridoxine (vitamin B6) is not recommended. It is often used in carpal tunnel syndrome when it is perceived to be deficient,

but the medical evidence does not consistently support this practice. Vitamin B6 does not significantly improve overall symptoms. There is limited evidence that vitamin B6 improves finger swelling and movement discomfort with 12 weeks of treatment. Limited evidence suggests that vitamin B6 does not improve symptoms, nocturnal discomfort, hand co-ordination, Phalen's sign and Tinel's sign in the short-term. The injured worker had been diagnosed with left hand pain; however, there is no documentation that the injured worker had been diagnosed with neuropathy, post herpetic neuralgia, or carpal tunnel syndrome. Therefore, the request for Gabapentin/Pyridoxine is not medically necessary.

**Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4% cream 180 gram, QTY: 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy. The compounded medication contains a NSAID. MTUS indicates that NSAIDs may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to use topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. The MRI of the injured worker's right shoulder showed osteoarthritis of the glenohumeral joint with moderate cartilage thinning at the humeral head and glenoid. For neuropathic pain, topical NSAIDs are not recommended as there is no evidence to support use. The compounded medication also includes the ingredient Cyclobenzaprine. The CA MTUS guidelines state, "There is no evidence for use of any other muscular relaxant as a topical product." According to the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request does not meet guideline recommendations for flurbiprofen and Cyclobenzaprine. Therefore, the request for Flurbiprofen/Cyclobenzaprine/Menthol cream is not medically necessary.

**Mometasone/Doxepin 0.15%, 5%, 60mg, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant for chronic pain Page(s): 13-15.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Doxepin is a tricyclic antidepressant. The guidelines indicate that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. No studies have specifically studied the use of antidepressants to treat pain

from osteoarthritis. The MRI of the injured worker's right shoulder showed osteoarthritis of the glenohumeral joint with moderate cartilage thinning at the humeral head and glenoid. Tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning. The CA MTUS Guidelines do not address Mometasone. Therefore, the request for Mometasone/Doxepin is not medically necessary.