

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0123245 |                              |            |
| <b>Date Assigned:</b> | 07/07/2015   | <b>Date of Injury:</b>       | 11/28/2009 |
| <b>Decision Date:</b> | 08/19/2015   | <b>UR Denial Date:</b>       | 06/08/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2015 |

### 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: 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:

This 58 year old female sustained an industrial injury to the left shoulder, arm, wrist, elbow and back via repetitive trauma on 11/28/10. Documentation did not disclose recent magnetic resonance imaging. Previous treatment included left carpal tunnel release (2/5/13), right carpal tunnel release (9/19/13), physical therapy, acupuncture and medications. In the most recent PR-2 submitted for review, dated 8/13/14, the injured worker complained of intermittent left arm and shoulder pain, rated 5/10 on the visual analog scale. Physical exam was remarkable for tenderness to palpation to bilateral shoulder joints with limited range of motion and positive Hawkin's and Neer's tests bilaterally, intact, bilateral weak grip strength, right wrist with positive Tinel's test and intact sensation and deep tendon reflexes to bilateral upper extremities. Current diagnoses included bilateral carpal tunnel syndrome, left shoulder joint pain and repetitive strain injury. The treatment plan included additional acupuncture twice a week for six weeks and continuing medications (Norco, Diclofenac Sodium, Mobic, Neurontin and Tramadol).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 5/325 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The request is for hydrocodone/acetaminophen, which is a compounded opioid used for treatment of pain. The chronic use of opioids requires the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. In regards to the injured worker, there is no clear documentation of an improvement in pain with the use of opioids. There is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Therefore, the request as written has not been demonstrated to be beneficial, and is not medically necessary.

**Gabapentin 100mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** The request is for gabapentin, which is an anti-epilepsy drug used for the treatment of neuropathic pain. It has predominantly been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. It has also shown benefit in other conditions, including lumbar stenosis, chronic regional pain syndrome and fibromyalgia. A "good" response to the use of anti-epilepsy drugs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the "trigger" for the following: (1) a switch to a different first-line agent; or (2) combination therapy if treatment with a single drug agent fails. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no clear documentation of a clear functional benefit secondary to gabapentin. The benefit is unclear and the MTUS requirements for ongoing use have not been met. Therefore, the request as written is not medically necessary.

**Meloxicam 7.5mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The request is for meloxicam, which is a non-steroidal anti-inflammatory used for the treatment of mild to moderate pain. Non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief of acute exacerbation of chronic low back pain. However, non-steroidal anti-inflammatory drugs appear to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In general, non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Studies have shown that when non-steroidal anti-inflammatory drugs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. Therefore, they should be used only acutely. The request as written would continue to exceed the duration of treatment recommended by the MTUS. The risk outweighs any benefit, and therefore the request as written is not medically necessary.

**Acupuncture 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request is for acupuncture. Acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. It is the insertion and removal of filiform needles to stimulate acupoints (acupuncture points). Needles may be inserted, manipulated, and retained for a period of time. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The typical duration of treatment to produce functional improvement is 3 to 6 treatments. Acupuncture treatments may be extended if functional improvement is documented, which requires either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit. Per the records available for review, the injured worker appears to have already received greater than the recommended number of acupuncture visits. There is no clear documentation to support ongoing acupuncture beyond what is typically recommended. Therefore, there is no clear medical benefit, and the request as written is not medically necessary.