

<b>Case Number:</b>	CM15-0125166		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/27/2011
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 year old female who sustained an industrial /work injury on 8/27/11. She reported an initial complaint of right shoulder and right wrist pain. The injured worker was diagnosed as having right shoulder impingement syndrome, wrist joint inflammation, carpal tunnel syndrome on the right status post injection and release, impingement syndrome of the left shoulder. Treatment to date includes medication, surgery (left/right carpal tunnel release surgery in January 2012 and February 2012). Currently, the injured worker complained of chronic pain in the right wrist and both shoulders that affected sleep and activity resulting in depression and stress. Per the primary qualified medical examination on 6/10/15, exam noted tenderness along the rotator cuff and positive impingement signs on the right. The carpal tunnel reveals tenderness along the carpal tunnel and palmar ulnocarpal joint. Current plan of care included transcutaneous electrical nerve stimulation (TENS) unit, carpal tunnel brace, EMG (electromyography) to the upper extremities and medications. The requested treatments include Protonix 20mg, Tramadol ER 150mg, and Neurontin 600mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

**Decision rationale:** According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally it is recommend that it be used at the lowest dose for the shortest possible amount of time Considering lack of documented necessity, the medication does not appear to be medically necessary at this time.

**Tramadol ER 150mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of long acting opioids such as the prescribed medication. There was a note from January 2015 where the provider clearly documented both functional improvement and pain improvement with Norco, however there is no documentation for tramadol ER provided. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary. Therefore, the request is not medically necessary.

**Neurontin 600mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Anti-epilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

**Decision rationale:** According to the MTUS guidelines: "Gabapentin (Neurontin, Gabarone, generic available) has 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. Recommended for neuropathic pain (pain due to nerve damage). (Gilron, 2006) (Wolfe, 2004) (Washington, 2005) (ICSI, 2005) (Wiffen-Cochrane, 2005) (Attal, 2006) (Wiffen-Cochrane, 2007) (Gilron, 2007) (ICSI, 2007) (Finnerup, 2007)" The injured worker has documented findings consistent with neuropathic pain related to his CTS. This medication is an appropriate treatment option for treatment of chronic neuropathic pain due to nerve damage, which the injured worker has incurred. Therefore, the request is medically necessary.