

<b>Case Number:</b>	CM15-0127912		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/27/2000
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 10/27/2000. Diagnoses include shoulder pain, osteoarthritis of knee, chronic pain syndrome, degeneration of lumbar intervertebral disc and osteoarthritis. Treatment to date has included surgical intervention (bilateral shoulders undated, right total knee replacement, 2013, and right hip arthroplasty, 2014) as well as conservative measures including diagnostics and medications including Gabapentin, Norco and Celebrex. Per the Primary Treating Physician's Progress Report dated 5/29/2015, the injured worker reported right shoulder flare up. She notes increased weakness around her right arm and increasing difficulty with sleep due to the pain. Physical examination revealed widespread musculoskeletal tenderness. Per the Orthopedic Progress Note dated 5/26/2015 there was pain and weakness with supraspinatus testing. There was pain over the acromioclavicular joint as well as positive impingement. There was pain to palpation over the anterolateral aspect of the shoulder. The plan of care included medication management and authorization was requested for Norco (Hydrocodone/APAP) 10/325mg, Celebrex 200mg and Gabapentin 600mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**150 tablets of Hydrocodone/Acetaminophen 10/325mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/acetaminophen 10/325mg # 150 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are shoulder pain; osteoarthritis knee; chronic pain syndrome; degeneration lumbar intervertebral disc; and osteoarthritis. Date of injury is October 27, 2000. Request for authorization is dated June 4, 2015. According to the earliest progress note in the medical record (January 27, 2015), the worker has a pain scale of 7/10. The treating provider started Celebrex 200 mg, gabapentin 600 mg and Norco 10/325mg on September 9, 2014. The injured worker underwent left thumb reconstruction and bilateral shoulder surgery, right total knee arthroplasty and right hip arthroplasty. According to a progress note dated May 29, 2015, the injured worker has multiple complaints. There is no pain score documented in the progress note. Most notably, there is increased pain in the right shoulder. There is no physical examination in the medical record progress note. There is no documentation demonstrating objective functional improvement with hydrocodone/acetaminophen 10/325 mg. There are no risk assessments and no detailed pain assessments. Consequently, absent clinical documentation demonstrating objective functional improvement, subjective improvement, risk assessments and detailed pain assessments and a physical examination, hydrocodone / acetaminophen 10/325mg # 150 is not medically necessary.

**150 tablets of Gabapentin 600mg, 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-18.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #150 with 3 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are shoulder pain; osteoarthritis knee; chronic pain syndrome; degeneration lumbar intervertebral disc; and osteoarthritis. Date of injury is October 27, 2000. Request for authorization is dated June 4, 2015. According to the earliest progress note in the medical record (January 27, 2015), the

worker has a pain scale of 7/10. The treating provider started Celebrex 200 mg, gabapentin 600 mg and Norco 10/325mg on September 9, 2014. The injured worker underwent left thumb reconstruction and bilateral shoulder surgery, right total knee arthroplasty and right hip arthroplasty. According to a progress note dated May 29, 2015, the injured worker has multiple complaints. There is no pain score documented in the progress note. Most notably, there is increased pain in the right shoulder. There is no physical examination in the medical record progress note. There is no documentation demonstrating objective functional improvement with gabapentin. Consequently, absent clinical documentation demonstrating objective functional improvement, subjective improvement and a physical examination, Gabapentin 600 mg #150 with 3 refills is not medically necessary.

**30 tablets of Celebrex 200mg with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #30 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. COX "two non-steroidal anti-inflammatory drugs have fewer side effects at the risk of increased cardiovascular side effects. Patients with no risk factors and no cardiovascular disease may use non selective non-steroidal anti-inflammatory drugs (ibuprofen, naproxen, etc.). In this case, the injured worker's working diagnoses are shoulder pain; osteoarthritis knee; chronic pain syndrome; degeneration lumbar intervertebral disc; and osteoarthritis. Date of injury is October 27, 2000. Request for authorization is dated June 4, 2015. According to the earliest progress note in the medical record (January 27, 2015), the worker has a pain scale of 7/10. The treating provider started Celebrex 200 mg, gabapentin 600 mg and Norco 10/325mg on September 9, 2014. The injured worker underwent left thumb reconstruction and bilateral shoulder surgery, right total knee arthroplasty and right hip arthroplasty. According to a progress note dated May 29, 2015, the injured worker has multiple complaints. There is no pain score documented in the progress note. Most notably, there is increased pain in the right shoulder. There is no physical examination in the medical record progress note. There is no documentation demonstrating objective functional improvement with Celebrex 200mg. There has been no attempted weaning of Celebrex. Consequently, absent clinical documentation demonstrating objective functional improvement, subjective improvement and a physical examination, Celebrex 200 mg #30 with two refills is not medically necessary.