

<b>Case Number:</b>	CM15-0128651		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	06/14/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/19/2015
<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: Texas, New York, California  
 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 applicant is a represented 44-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of June 14, 2012. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for gabapentin, cyclobenzaprine, an unspecified topical NSAID, and topical ketoprofen. The claims administrator did, however, apparently approve oral Naprosyn and Norco. The claims administrator referenced a May 1, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a June 25, 2015 RFA form, a neurosurgery evaluation and Norco were sought. In an associated progress note dated June 12, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had undergone earlier shoulder rotator cuff repair surgery and an earlier right wrist carpal tunnel release surgery, it was reported. A neurosurgery evaluation was sought. The applicant's work status was not stated. No discussion of medication selection or medication efficacy transpired. On May 1, 2015, the applicant reported ongoing complaints of wrist, hand, shoulder, and neck pain, 6-8/10. The applicant was using Protonix, Naprosyn, Flexeril, Norco, and gabapentin, it was reported. The attending provider stated that the applicant was deriving appropriate analgesia from the various medications but did not elaborate further. The applicant was receiving Xanax and Zoloft from another prescriber, it was reported. The applicant was given refills of Norco, Neurontin, Flexeril, and Naprosyn, it was reported. The applicant was placed off of work, on total temporary disability. The applicant had developed derivative symptoms of depression, it was acknowledged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gabapentin 600 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

**Decision rationale:** No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on the May 1, 2015 progress note at issue. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as Norco. While the attending provider stated that the applicant's medications were diminishing pain scores, the attending provider failed to outline corresponding improvements in function (if any) effected as a result of ongoing gabapentin usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

### **Cyclobenzaprine 7.5 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscles Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Neurontin, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 90-tablet supply of cyclobenzaprine at issue, in and of itself, represents treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

### **Topical NSAID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Topical Analgesics Page(s): 7; 112.

**Decision rationale:** Similarly, the request for an unspecified topical NSAID was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, a prescribing provider should be knowledgeable regarding prescribing information. Here, it did not appear that the attending provider is particularly knowledgeable regarding selection of this particular medication as the name, amount, quantity, and dosage of the unspecified topical NSAID at issue was not furnished. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that there is little evidence to utilize topical NSAIDs for treatment of the spine or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine and right shoulder, i.e., body parts for which there is little evidence to utilize topical NSAIDs, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Ketoprofen 300 G with 3 Refills:** 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 Non FDA-approved agents: Ketoprofen Page(s): 112.

**Decision rationale:** Finally, the request for topical ketoprofen was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen, the article at issue, is not FDA approved for topical application purposes. As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the unfavorable MTUS and FDA positions on the same. Therefore, the request was not medically necessary.