

<b>Case Number:</b>	CM15-0168716		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/14/2014
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51 year old male, who sustained an industrial injury on 8-14-14. He reported pain in the face, head, neck, right hand, back, and bilateral shoulders. The injured worker was diagnosed as having cervical musculoligamentous sprain or strain with bilateral upper extremity radiculitis and right shoulder or clavicle contusion with bursitis or impingement. Treatment to date has included physical therapy, acupuncture, dental procedures, and medication. Physical examination findings on 7-9-15 included right shoulder tenderness to palpation over the supraspinatus tendon, anterior capsule, and clavicle. Crepitus was present and cross arm and impingement tests were positive. The injured worker had been taking Norflex and Neurontin since March 2015. Physician note dated 01/12/2015 was reviewed. The injured worker has a history of left orbital fracture, peripheral vestibular dysfunction, and on exam has continued blurry vision to the left eye. Ophthalmologist referral note 3/11/15 was also reviewed. The mechanism of injury was noted as the injured worker falling from one scaffold to a scaffold below, face first and striking the left temporal region. He has ongoing difficulty with near vision, and his eyes feel "sandy." He is forced to blink a lot and cannot tolerate the sun for long periods of time. Visual acuity assessment shows 20/30 for the left eye, 20/40. Manifest refraction led to 20/20 in each eye. Ocular prognosis was noted as excellent. Ultrasound of the bilateral shoulders was noted 2/19/2015 to show right subscapularis and supraspinatus partial thickness tear, and left rotator cuff tendinitis. Electrodiagnostic studies 5/28/2015 bilateral lower and upper limbs was reviewed. This showed no evidence of peripheral neuropathy, cervical or lumbosacral radiculopathy. PR-2 note 7/10/15 was reviewed. Symptoms are reportedly unchanged to slightly

improved with medical and therapy services. Right shoulder exam was suggestive of impingement, and both shoulders had subacromial tenderness on exam. Currently, the injured worker complains of pain in the neck, left eye, lumbar spine, and bilateral shoulders. On 7-10-15, the treating physician requested authorization for a pain management consultation, Norflex 100mg #60, Neurontin 600mg #60, a visual evoked potential testing with right and left hemifield stimulations, and 1 right and left subacromial injections. On 7-29-15, the requests were modified or non-certified. Regarding the subacromial injections, the utilization review (UR) physician noted "given the patient's left shoulder symptoms, with objective and diagnostic findings, proceeding with a left subacromial injection is not medically appropriate. Therefore, the prospective request for one right and left subacromial injections is certified with modification, with certification of a right subacromial injection and non-certification of the remaining left subacromial injection." Regarding the pain management consultation, the UR physician noted the provider is requesting a pain management consultation for consideration of cervical facet and lumbar epidural steroid injection. Therefore, based on consideration for the stated factors and elements of this case, the request is non-certified. Regarding Norflex, the UR physician noted "there is no evidence from the current documentation that the patient had experienced an acute exacerbation of his pain to warrant prescription of this muscle relaxant." Regarding Neurontin, the UR physician noted "given a lack of significant quantifiable functional improvement resultant from trial use of Neurontin, continued use of this medication is not clinically supported." Regarding a visual evoked potential testing with right and left hemifield stimulations, the UR physician noted the request was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 pain management consultation: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Referral.

**Decision rationale:** The ODG guidelines recommend that patients can be referred to consultation with a pain specialist when the diagnosis is complex or when additional expertise will be beneficial to the medical management. This injured worker has chronic pain, history of head trauma, and additional expertise from a pain specialist is a reasonable request, given ongoing failure to conservative care. This request is medically necessary.

#### **Norflex 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to the CA MTUS, Norflex is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS Guidelines: "Recommend non-sedating muscle relaxants with caution as a second line option for the short-term relief of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This injured worker has a history of head injury. Sedating agents are not recommended, especially in these circumstances. Symptoms persist and documentation states overall the injured worker is the same as it pertains to pain, so efficacy of these medications is questionable. This request is not medically necessary.

**Neurontin 600mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. 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 AEDs depends on improved outcomes versus tolerability of adverse effects. There is documentation of a previous trial of Neurontin, but most recent PR notes suggest the pain is the same with no significant benefit provided by Neurontin. Ongoing use as such, cannot be supported. The request is not medically necessary.

**1 visual evoked potential testing with right and left hemifield stimulations:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Kuroiwa T, Celesia GG, Tohgi, H. Amplitude difference between pattern-evoked potentials after left and right hemifield stimulation in normal subjects.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Electrodiagnostic Studies.

**Decision rationale:** The CA MTUS guidelines and ACOEM do not address the visual evoked response diagnostic procedure. The Official Disability Guidelines (ODG) note indications for evoked potential responses (EP) in the TBI (traumatic brain injury) patient include: to determine an individual's more specific level of neurologic functioning in moderate/severe TBI, including the minimal responsive or vegetative state; Visual evoked potential (VEP) may be indicated in the event of compromised acuity of visual field defect. Within the submitted records, there is mention of pain in the left eye but ophthalmology referral note suggest ocular prognosis is excellent with minimal visual acuity deficits. Visual evoked potential testing is not necessary and as such, this request is not medically necessary.

**1 left subacromial injections:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Injection.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines support the use of a subacromial injection if pain with elevation significantly limits activity following failure of conservative management for 2 or 3 weeks. Official Disability Guidelines support subacromial injections for adhesive capsulitis, or rotator cuff problems which are not controlled adequately by conservative treatment after at least 3 months, or when pain interferes with functional activities. Within the submitted records, there is rotator cuff tendinitis noted on recent left shoulder ultrasound, and positive findings on exam that would warrant an injection, including left subacromial tenderness. The request is medically necessary and has been substantiated.