

<b>Case Number:</b>	CM15-0035048		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 52 year old male, who sustained an industrial injury on February 21, 2014. He has reported a right shoulder injury. His diagnoses include status post right rotator cuff repair/right shoulder arthroscopy on June 29, 2014, right carpal tunnel syndrome, multilevel cervical disc disease, and right cervical 5, cervical 6, and cervical 7 radiculopathy. He has been treated with work modifications, x-rays, postoperative physical therapy, chiropractic treatment, acupuncture, and medications including pain, anticonvulsant, and topical non-steroidal anti-inflammatory. On January 19, 2015, his treating physician reports chronic right neck and right hand pain. Associated symptoms include stiffness, burning, constant aching, extending to the bilateral trapezius muscles over the right shoulder girdle. The physical exam revealed limited range of motion of the right shoulder and healed arthroscopic incisions. The treatment plan includes a cervical pillow, neurosurgeon consultation, and medications including an anticonvulsant and two topical non-steroidal anti-inflammatory medications. On February 24, 2015, the injured worker submitted an application for IMR for review of prescriptions for Gabapentin 100mg #60 23, Tramadol 50mg #90, Flector 1% x3, and Voltaren Gel 1% 4mg x3 and requests for a cervical pillow and a neurosurgeon consultation for persistent neck pain. The Gabapentin was modified based on the lack of documentation of neuropathic pain, and the requested 3 refills exceed the guidelines. The Tramadol was non-certified based on lack of documentation that the prescriptions are from a single practitioner and taken as directed, the lowest possible dose is being prescribed, there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The Flector 1% was

non-certified based on the lack of documentation of a condition/diagnosis with supporting subjective/objective findings (acute sprains, strains, and contusions or osteoarthritis), and the requested 3 refills exceed the guidelines. The Voltaren Gel 1% was non-certified based on the lack of documentation of osteoarthritis pain in joint that lend to topical treatment (ankle, foot, hand, knee, and wrist) and failure of an oral non-steroidal anti-inflammatory drug or contraindications to oral non-steroidal anti-inflammatory drugs. In addition, the requested 3 refills exceed the guidelines. The cervical pillow was non-certified based on lack of documentation that the cervical pillow will be used for sleep in conjunction with daily exercises. The neurosurgeon consultation was non-certified based on the lack of documentation of therapeutic management has been exhausted within the treating physician's scope of practice. The California Medical Treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and ACOEM (American College of Occupational and Environmental Medicine) Guidelines, Non- Medical Treatment Utilization Schedule (MTUS) guidelines, and the Official Disability Guidelines (ODG) were cited.

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

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

#### **Gabapentin 100 mg #60 x 3: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** Neurontin has been considered as a first-line treatment for neuropathic pain. Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and postherpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. There is evidence of C6 radiculopathy and carpal tunnel syndrome and thus gabapentin is indicated. This request is medically necessary and appropriate.

#### **Tramadol 50 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 4) On-Going Management; 6) When to Discontinue Opioids; 7) When to Continue Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** Documentation did not include 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. This request is not medically necessary and reasonable .

**Flector 1% x3, Voltaren gel 1% 4 mg x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical Analgesics; NSAID's.

**Decision rationale:** Topical NSAID's are indicated if systemic NSAID's are not tolerated due to side effects or medication interactions. There is no indication in the records that the IW had intolerance of systemic NSAID's. Additionally, Flector is FDA approved for topical treatment of acute pain due to sprains, strains and contusions. Given that the injury occurred in 1 year prior this is not acute and the Flector patches are not indicated. Topical NSAID's, like diclofenac, are indicated for treatment of osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. They are recommended for short-term use. According to the documentation the IW's complaints are of shoulder and neck symptoms but no osteoarthritis of the small joints. This request is not medically necessary and appropriate.

**Cervical pillow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Per ODG guidelines recommend use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. There is no documentation that the IW is doing daily exercise which is required for approval. This request is not medically necessary.

**Neurosurgeon consult for persistent neck pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** Per ACOEM guidelines referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term and unresolved radicular symptoms after receiving conservative treatment. The IW did have radiologic and electrophysiologic studies which showed a lesion that would benefit from repair. However, according to the documentation the IW's pain was in the neck and not the arm and the IW had returned to work. The request is not medically necessary.