

Case Number:	CM15-0094939		
Date Assigned:	05/21/2015	Date of Injury:	10/04/2012
Decision Date:	07/02/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/18/2015

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

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 50-year-old female, with a reported date of injury of 10/04/2012. The diagnoses include cervical spine degenerative disease; right shoulder injury with symptomatic rotator cuff syndrome; status post right shoulder arthroscopy with labral debridement, biceps tenotomy, open acromioplasty and distal clavicle resection, with residuals; right-sided cervicotrachezius myofascial pain syndrome, and complex regional pain syndrome. Treatments to date have included physical therapy, right shoulder surgery, an MRI of the right shoulder, oral medications, and cervical epidural injection. The progress report dated 04/07/2015 indicates that the injured worker was there for a routine check-up and to get her medications refilled. It was noted that there were no changes since the last visit. The report was handwritten and somewhat illegible. It was indicated that the injured worker's pain level without medication was 8 out of 10. The progress note dated 03/09/2015 indicates that the injured was there for follow-up on her complex regional pain syndrome. She received a cervical epidural injection; however, she did not seem to have gotten much more benefit from the injection than the improvement that she had seen with the Lyrica. Her pain level was down to about 4 out of 10 with all of the medications. The injured worker took Lyrica twice a day, two Norco tablets four times a day, and two Soma tables at night in order to sleep. The pain would rise during the day to 6-7 out of 10, but the Norco would bring it back down to 4-5 out of 10. The physical examination showed pain with passive range of motion of the wrist and elbow; positive Tinel's along the forearm, radial and ulnar distributions, at the elbow, ulna, ulnar groove, and over the epicondyle; diminished sensitivity; and allodynic range of motion of the shoulder. The initial evaluation dated 01/13/2015 indicates that the injured worker complained of pain of the right upper

extremity, neck, right shoulder, and arm. There was also numbness on the right side. The treating physician requested Gabapentin 800mg #90, Lyrica 150mg #60, Norco 10/325mg #240, and Soma 350mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 29, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: The patient presents on 04/07/15 with unspecified complaints. The provider notes the reason for the visits is a routine check-up and prescription refill. It is noted in a previous progress note, dated 03/09/15, that this patient's chief complaint is radiating pain and severe allodynia of the right upper extremity. The patient's date of injury is 10/04/12. Patient is status post right shoulder arthroscopy with labral debridement, acromioplasty, and distal clavicle resection at a date unspecified. The request is for GABAPENTIN 800MG. The RFA is dated 04/07/15. Physical examination dated 04/07/15 is handwritten and largely illegible. Among the legible findings it is noted that the patient complains that her "right hand won't work" and that this patient's medications reduce her pain from 8/10 to 4/10 and that through their use the patient is able to get more sleep. The patient is currently prescribed Lyrica, Norco, Gabapentin, and Soma. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In regard to the continuation of Gabapentin for this patient's neuropathic pain, the request is appropriate. This patient has been prescribed Gabapentin since at least 01/13/15 for cervical pain, which radiates into the right upper extremity, and associated allodynia of the affected limb. The subsequent progress reports document a reduction in pain from 8/10 to 4/10 attributed to this patient's medications and also states that the combination of medications allows this patient to sleep at night. Given this patient's neuropathic pain and the established efficacy of this medication, continuation is substantiated. The request IS medically necessary.

Lyrica 150mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Lyrica Page(s): 16. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Pregabalin.

Decision rationale: The patient presents on 04/07/15 with unspecified complaints. The provider notes the reason for the visits is a routine check-up and prescription refill. It is noted in a previous progress note, dated 03/09/15, that this patient's chief complaint is radiating pain and severe allodynia of the right upper extremity. The patient's date of injury is 10/04/12. Patient is status post right shoulder arthroscopy with labral debridement, acromioplasty, and distal clavicle resection at a date unspecified. The request is for LYRICA (PREGABALIN) 150MG CAPSULES UD. The RFA is dated 04/07/15. Physical examination dated 04/07/15 is handwritten and largely illegible. Among the legible findings it is noted that the patient complains that her "right hand won't work" and that this patient's medications reduce her pain from 8/10 to 4/10 and that through their use the patient is able to get more sleep. The patient is currently prescribed Lyrica, Norco, Gabapentin, and Soma. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS guidelines, page 16 states the following regarding Lyrica: "Pregabalin -Lyrica- has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. This medication is designated as a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti anxiety effect. Pregabalin is being considered by the FDA as treatment for generalized anxiety disorder and social anxiety disorder." ODG Pain chapter, under Pregabalin has the following: "Recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Pregabalin (Lyrica), an anticonvulsant, has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Pregabalin was also approved to treat fibromyalgia. See Anti-epilepsy drugs (AEDs) for general guidelines, as well as specific Pregabalin listing for more information and references. This Cochrane review concluded that pregabalin has proven efficacy in neuropathic pain conditions and fibromyalgia." In regard to the continuation of Lyrica, the request is appropriate. This patient has been taking Lyrica since at least 03/09/15. Progress note dated 04/07/15 contains complaints of neuropathic allodynia in the right upper extremity. The same note also includes documentation that this patient's medications reduce her pain from 8/10 to 4/10 and that through their combined use the patient is able to sleep more at night. Given this patient's condition, and the stated benefits attributed to this patient's medications, continuation of Lyrica is substantiated. Therefore, the request IS medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids Page(s): 76-78. 88-89.

Decision rationale: The patient presents on 04/07/15 with unspecified complaints. The provider notes the reason for the visits is a routine check-up and prescription refill. It is noted in a previous progress note, dated 03/09/15, that this patient's chief complaint is radiating pain and severe allodynia of the right upper extremity. The patient's date of injury is 10/04/12. Patient is

status post right shoulder arthroscopy with labral debridement, acromioplasty, and distal clavicle resection at a date unspecified. The request is for NORCO 10/325MG, TAKE 2 TABLETS 4 TIMES DAILY QTY 180 TABLETS. The RFA is dated 04/07/15. Physical examination dated 04/07/15 is handwritten and largely illegible. Among the legible findings it is noted that the patient complains that her "right hand won't work" and that this patient's medications reduce her pain from 8/10 to 4/10 and that through their use the patient is able to get more sleep. The patient is currently prescribed Lyrica, Norco, Gabapentin, and Soma. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Norco for the management of this patient's intractable pain, the provider has not established medication compliance or noted a lack of aberrant behavior. Progress report dated 04/07/15 notes a reduction in pain of 50 percent, and notes that medications allow this patient to sleep better. A careful review of the documentation provided did not reveal any previous urine toxicology reports to ensure medication compliance, nor does the most recent progress note mention lack of aberrant behavior. It is possible that the provider documented these findings, however the handwritten note is almost entirely illegible and such discussion could not be found. Without documentation of compliance with narcotic medications and a stated lack of aberrant behavior, continuation of Norco cannot be substantiated. Owing to a lack of complete 4A's documentation as required by MTUS, the request IS NOT medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: The patient presents on 04/07/15 with unspecified complaints. The provider notes the reason for the visits is a routine check-up and prescription refill. It is noted in a previous progress note, dated 03/09/15, that this patient's chief complaint is radiating pain and severe allodynia of the right upper extremity. The patient's date of injury is 10/04/12. Patient is status post right shoulder arthroscopy with labral debridement, acromioplasty, and distal clavicle resection at a date unspecified. The request is for SOMA 350MG, TAKE 1 TABLET 3 TIMES DAILY, QUANTITY 60 TABLETS. The RFA is dated 04/07/15. Physical examination dated 04/07/15 is handwritten and largely illegible. Among the legible findings it is noted that the patient complains that her "right hand won't work" and that this patient's medications reduce her pain from 8/10 to 4/10 and that through their use the patient is able to get more sleep. The patient is currently prescribed Lyrica, Norco, Gabapentin, and Soma. Diagnostic imaging was not included. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 29 for Carisoprodol (Soma) states: "Not recommended. This

medication is not indicated for long-term use" MTUS Chronic Pain Medical Treatment Guidelines, page 63-66, for Muscle relaxants (for pain), under Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) states: Neither of these formulations is recommended for longer than a 2 to 3 week period. In regard to the continuation of Soma, the requesting provider has exceeded guideline recommendations. This patient has been prescribed Soma since at least 08/09/14 with documented improvements. However, MTUS does not support the use of Soma for longer than 2-3 weeks. The prescribed amount in addition to prior use does not imply the intent to limit this medication's use to short-term. Therefore, the request IS NOT medically necessary.