

Case Number:	CM14-0154592		
Date Assigned:	10/02/2014	Date of Injury:	10/14/1991
Decision Date:	11/06/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 14, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; transfer of care to and from various providers in various specialties; reported diagnosis with atraumatic brain injury; topical agents; and earlier shoulder surgery. In a Utilization Review Report dated August 28, 2014, the claims administrator partially approved a request for Neurontin, partially approved a request for Soma, approved a request for Valium, approved a request for Percocet, denied a request for Lidoderm, denied a request for Arthrotec, denied x-rays of the wrist and ankle, and denied laboratory testing. The applicant's attorney subsequently appealed. In an office visit dated August 18, 2014, the applicant was described as having been recently assaulted by employees who he had 'written up.' The applicant sustained loss of consciousness. The applicant had developed seizures and had sustained various injuries over the years associated with seizures, including various injuries to the shoulder, ankle, and hand. The applicant was status post left hand fracture, jaw surgeries, and ankle surgery, it was noted. The applicant was seeing a neurologist for headaches and seizures. The applicant had chronic residual hand and ankle complaints. The applicant had also developed issues with anxiety and depression. The applicant was still smoking. The applicant's BMI was 19. The applicant was limping and using a cane to move about. Diffuse tenderness was noted about the ankle with somewhat limited range of motion noted. The applicant was asked to obtain laboratory testing. Valium, Percocet, Neurontin, Lidoderm, Soma, and Arthrotec were renewed while x-rays of the wrist and ankle were ordered. Laboratory testing performed on August 18, 2014 was notable for normal renal function with creatinine at 0.84, normal white count of 6900, normal hemoglobin and hematocrit of 14.1 and 42.3, and a normal platelet count of 249,000, with normal

transaminases evident. X-rays of the ankle were performed on August 18, 2014 and notable for slight soft-tissue swelling. X-rays of the wrist performed on August 18, 2014 were read as negative and absent any acute fracture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin (Gabapentin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Gabapentin Medication Guide

Decision rationale: While page 18 of the MTUS Chronic Pain Medical Treatment Guidelines does address the usage of Neurontin for neuropathic pain, the MTUS does not specifically address the topic of Neurontin for epilepsy, the diagnosis reportedly present here. The applicant has apparently alleged development of posttraumatic headaches and posttraumatic epilepsy following the industrial assault injury. As noted by the Food and Drug Administration (FDA), Neurontin is indicated as an adjunctive therapy in the treatment of partial seizures in both adult and pediatric patients. The applicant has continued to experience seizures over the years, it has been suggested on several occasions. Usage of gabapentin, in conjunction with Dilantin, is indicated to keep the applicant's seizures at bay. Therefore, the request is 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 topic Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Soma or Carisoprodol is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, using Percocet, an opioid agent. Adding Carisoprodol or Soma to the mix is not recommended. Therefore, the request is not medically necessary.

Valium 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Valium (Diazepam/Benzodiazepine).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, the information on file suggested that the applicant is using Valium for chronic, long-term, and scheduled-use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for Valium. Therefore, the request is not medically necessary.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen (Percocet; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant does not appear to have returned to work. The attending provider, in its August 18, 2014 progress note, failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Percocet usage. Continuing the same, on balance, does not appear to be indicated. Therefore, the request is not medically necessary.

Lidoderm 5% topical film #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: While page 102 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, it would seem that the applicant's usage of gabapentin, whether for pain and/or epilepsy or some combination, effectively obviates the need for the Lidoderm patches at issue. It is further noted that the applicant's pain does not appear to be neuropathic in nature. The applicant appears to have focal, mechanical ankle, shoulder, and jaw pain. Therefore, the request is not medically necessary.

Arthrotec 74mg-200mcg #60: 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 NSAIDs, Specific Drugs List and Adverse Effects topic Page(s): 70-71.

Decision rationale: While pages 70 and 71 of the MTUS Chronic Pain Medical Treatment Guidelines note that Arthrotec is indicated for the signs and symptoms of arthritis relief in applicants at higher risk for developing NSAID-induced gastro duodenal ulcers, in this case, however, there was no mention of the applicant being at heightened risk for development of gastric or duodenal ulcers. It was not clearly stated why Arthrotec was furnished in favor of nonselective NSAIDs. There was no mention of the applicant's having any history of prior peptic ulcer disease or GI bleeding which would support selection and/or ongoing usage of Arthrotec here. Therefore, the request is not medically necessary.

1 set of x-rays of wrist and ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 267-268.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 274, 378.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, Algorithm 14-1, page 378, plain film radiography of the ankle and foot is recommended in applicants who have red flags of an ankle or foot fracture. In this case, the applicant apparently had a history of prior ankle surgery. The applicant was limping on and around the date in question, August 18, 2014. The applicant was apparently using a cane to move about. Evaluating the applicant's ankle via x-rays of the same was indicated. Similarly, the MTUS-adopted ACOEM Guidelines in Chapter 11, Algorithm 11-1, page 274 do recommend plain film radiographs of the hand and wrist in applicants in whom there are red flags of fracture or dislocation. In this case, the applicant had undergone prior surgery for a hand fracture. The applicant apparently had diffuse pain about the injured hand. The attending provider stated that he suspected residuals of the earlier hand fracture and associated surgical repair. X-ray imaging to further evaluate the same was indicated. Therefore, the request was medically necessary.

1 Blood test to include CBC and CMP: Overturned

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 NSAIDs, Specific Drugs List and Adverse Effects topic Page(s): 70.

Decision rationale: As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an applicant's CBC and chemistry profile to include liver and

renal function testing is indicated in applicants using NSAIDs. In this case, the applicant is using Arthrotec, an NSAID-prostaglandin amalgam, in conjunction with several other medications, which are also processed in the liver and kidneys. Assessment of the applicant's renal, hepatic, and hematologic function was indicated. Therefore, the request was medically necessary.