

<b>Case Number:</b>	CM14-0140872		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 63-year-old male with a reported date of injury of 05/31/2013. The mechanism of injury occurred due to lifting a heavy object. The injured worker's diagnoses included right rotator cuff injury with SLAP tear, lumbar disc injury, bilateral sacroiliac arthralgia, left L4 radiculopathy, and lumbar facet arthralgia. The injured worker's past treatments included pain medication and physical therapy. The MRI performed on 07/23/2014 revealed right shoulder rotator cuff stenosis with small focal posture and a surface tear within the infraspinatus tendon. There was no relevant surgical history documented in the records. The subjective complaints on 08/12/2014 included right shoulder pain and lower back pain. The physical examination of the right shoulder noted decreased range of motion in abduction and flexion and Speed's, Neer's, and empty can tests were negative. The lumbar spine examination revealed decreased range of motion in forward flexion and extension along with severe pain while performing the examination. The injured worker's medications included Norco 10 mg and gabapentin 300 mg. The treatment plan was to continue medications and refill medications. A request was received for Norco 10/325 #60 with 4 refills, quantity 300; and Neurontin 300 mg #30 with 4 refills, quantity 150. The rationale for the request was that these medications would likely be more helpful and this would allow the injured worker to taper off Flexeril and Ambien. The Request for Authorization form was dated 08/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 4 refills QTY: 300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**Decision rationale:** The request for Norco 10/325 mg #60 with 4 refills, quantity 300 is not medically necessary. The California MTUS Guidelines state that the use of opioids should be part of a treatment plan that is tailored to the patient and the patient's pain needs. The injured worker has chronic right shoulder pain and low back pain. The note indicated that the injured worker has tried and failed Flexeril. The request was submitted without a medication frequency. As such, the request is not medically necessary.

**Neurontin 300mg #30 with 4 refills QTY: 150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 16-19.

**Decision rationale:** The request for Neurontin 300 mg #30 with 4 refills, quantity 150 is not medically necessary. The California MTUS Guidelines state Gabapentin is recommended for neuropathic pain. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documented side effects incurred with use. The guidelines also state that the recommended trial period for Gabapentin is 10 weeks. The injured worker has chronic low back pain and right shoulder pain. The request for Neurontin would be appropriate; however, the quantity exceeds the recommended trial period. Additionally, the request as submitted did not provide a medication frequency. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.