

<b>Case Number:</b>	CM13-0054258		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	08/20/2012
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 60 year old male with a date of injury of August 20, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for status post cervical spine fusion and left shoulder adhesive capsulitis. The supplemental progress note from the date of the request (September 21, 2013) did not indicate subjective complaints. A progress note dated September 18, 2013 notes subjective complaints of continued pain and weakness of the left shoulder. A progress note dated August 9, 2013 documented that the left shoulder had improved following cortisone shots, but was still pretty bad. The physical exam (September 21, 2013) reveals restricted motion of the cervical spine, muscle guarding of the cervical spine and trapezius musculature with tenderness to palpation, decreased range of motion of the left shoulder (abduction of 90 degrees, forward flexion of 95 degrees, internal rotation of 40 degrees, external rotation of 60 degrees), extensive signs of impingement on the left as well as adhesive capsulitis, and crepitus of the left shoulder with range of motion. The progress note dated August 9, 2013 documented a physical examination that showed improved but restricted range of motion of the cervical spine, muscle guarding of the cervical spine and trapezius musculature with tenderness to palpation, decreased range of motion of the left shoulder (abduction of 90 degrees, forward flexion of 95 degrees, internal rotation of 40 degrees, external rotation of 60 degrees), extensive signs of impingement on the left as well as adhesive capsulitis, and crepitus of the left shoulder with range of motion. Treatment has included medications (Norco, Neurontin, Elavil, and Tramadol since at least April of 2013). The treating physician stated (September 18, 2013), that the injured worker had "Failed all appropriate conservative treatment for his left

shoulder including physical therapy, activity modifications, non-steroidal anti-inflammatory drugs and cortisone injections". The original utilization review (November 5, 2013) non-certified a request for Neurontin 600mg, #60, 1 twice a day and Fexmid 7.5mg #60, 1 twice a day.

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

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

#### **RETROSPECTIVE FEXMID 7.5MG #60, 1 TWICE A DAY (9/21/13): 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid along with other opioids. Prolonged use is not recommended. There is insufficient evidence for use in shoulder injuries. The Fexmid as prescribed on 9/21/13 was not medically necessary.

#### **RETROSPECTIVE NEURONTIN 600MG, #60, 1 TWICE A DAY (9/21/13): 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): Anti-epilepsy drugs (AEDs).

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Neurontin use. Neurological abnormalities requiring Neurontin were not specified to require Neurontin. Gabapentin is not medically necessary.