

<b>Case Number:</b>	CM13-0043393		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/12/2001
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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 patient is a 69-year-old male who reported an injury on 12/12/2001 when a bale of paper tipped reportedly causing injury to his left shoulder and right groin. The patient ultimately developed chronic pain of the right shoulder, left shoulder, and low back. The patient's chronic pain was managed with medications. The patient was regularly monitored for aberrant behavior with urine drug screens. The patient's most recent clinical findings included restricted range of motion of the right shoulder described as 150 degrees in flexion, 35 degrees in extension, 135 degrees in abduction, and range of motion of the left shoulder described as 160 degrees in flexion, 35 degrees in extension, and 145 degrees in abduction. The patient also had restricted range of motion of the lumbar spine described as 70 degrees in flexion, 15 degrees in extension, and 75% of normal right and left tilt. The patient's diagnoses included chronic right shoulder pain status post surgery, chronic shoulder pain status post surgery, and chronic low back pain secondary to multilevel disc bulges. The patient's treatment plan included discontinuation of Vicodin and transition to Norco and follow-up with an orthopedist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Soma 350mg #180 between 9/27/2013 and 12/6/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009)..

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Guidelines Muscle Relaxants. Page(s): 63..

**Decision rationale:** The request for 1 prescription of Soma 350mg #180 between 9/27/2013 and 12/6/2013 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. The California Medical Treatment and Utilization Schedule does not recommend the use of this medication for extended periods of time due to a high risk of psychological and physical dependence. Additionally, the most recent clinical evaluation did not provide any evidence of musculature deficits that would benefit from a muscle relaxant. As the patient has been on this medication for an extended duration with no documentation of functional benefit, continued use would not be supported. As such, the request for 1 prescription of Soma 350mg #180 between 9/27/2013 and 12/6/2013 is not medically necessary or appropriate.

**1 prescription of Gabapentin 300mg #90 between 9/27/2013 and 12/6/2013.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain and Antiepilepsy drugs (AEDs). Page(s): 60; 16..

**Decision rationale:** The request for 1 prescription of Gabapentin 300mg #90 between 9/27/2013 and 12/6/2013 is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommend the continued use of medications for chronic pain be supported by a quantitative assessment of symptom relief and documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient has functional benefit or pain relief resulting from the requested medication. Additionally, the clinical documentation submitted for review does provide evidence that the patient has low back pain complaints radiating into the right hip area. However, the California Medical Treatment and Utilization Schedule recommend Gabapentin for neuropathic pain. The clinical documentation submitted for review does not provide any evidence that the patient's pain is neuropathic in nature. Therefore, continued use of this medication would not be supported. As such, the request for 1 prescription of Gabapentin 300mg #90 between 9/27/2013 and 12/6/2013 is not medically necessary or appropriate.