

<b>Case Number:</b>	CM13-0071148		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/03/2012
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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. The expert reviewer is Board Certified in Orthopedic surgery and is licensed to practice in Arizona. 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 patient is a 39-year-old female who sustained a slip and fall while at work on 2/3/2012, injuring her low back, right shoulder and right hand. Due to continuing symptoms of shoulder pain she eventually underwent arthroscopic surgery and excision of the distal clavicle in her right shoulder on 11/27/2012. She continues to have shoulder symptoms especially with overhead use and lifting activities. An examination dated 5/31/2013 revealed full range of motion of the right shoulder with pain at the limits of motion, full range of motion of the right wrist and elbow with no tenderness to palpation. The patient had full range of motion of the lumbar spine. On the examination of 12/9/2013 the patient reported pain from the right side of her neck to the clavicle over the shoulder to the arm and the hand. She reports low back pain as well with pain to the right hip. She also states that she has right leg, knee, and ankle pain. She uses a cane all the time. There was no tenderness in the cervical spine or paravertebral muscle spasm. There was decreased range of motion. There was no tenderness in the shoulder. The range of motion of the right shoulder was mildly limited. There was no muscle weakness or sensory deficit. There was some limitation of motion of the lumbar spine with a negative straight leg raises and no motor or sensory deficit. MRI (magnetic resonance imaging) of the right shoulder and lumbar spine were done on 5/8/2012. The right shoulder was interpreted as mild tendinosis with mild capsular thickening of the acromioclavicular joint. The lumbar spine was interpreted as a negative study. A request is made to continue Neurontin 300 mg and Tylenol 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NEURONTIN 300 MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 16-22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 16-22.

**Decision rationale:** Neurontin is recommended for neuropathic pain. A good response to the use of this medication is a 50% reduction in pain and a moderate response is a 30% reduction in pain. There is insufficient evidence to recommend this drug for axial low back pain. In this case, this patient according to her medical record has no objective evidence of chronic pain. She has no tenderness or muscle spasm. She has no motor or sensory deficit. Her deep tendon reflexes are symmetrical and equal. She has no evidence of a true neuropathic pain disorder. In addition, the effect of this drug on her pain condition has not been monitored. There is no indication what her visual analog scale (VAS) scores are with or without the medication and there is no documentation of functional improvement with the medication. Therefore, the medical necessity of continuing to use Neurontin has not been established.

**TYLENOL #3 #110:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient has been on opioids for approximately a year and a half. There is no documentation that the criterion for ongoing management has been followed. There is no documentation of the 4 A's of ongoing monitoring for example analgesic effect, activities of daily living, adverse side effects, and aberrant drug behavior. There is no regular drug screening to uncover issues of abuse, addiction, or poor pain control. There is no documentation of misuse of medication. There is no documentation of continuing review of overall situation with regard to non-opioid means of pain control. The patient does have psychological issues of depression and anxiety. A recent epidemiology logical study found that opioid treatment for chronic nonmalignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, or improved functional capacity. The patient's physical examinations demonstrate almost no evidence to validate her continuing complaints of pain. Therefore, for the reasons above, the medical necessity of continuing to use Tylenol 3 has not been established.