

<b>Case Number:</b>	CM14-0000569		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/22/2012
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Anesthesiology, and is licensed to practice in Florida. 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 30 year old male who reported a lifting injury to his right shoulder on 02/22/2012. Within the surgical note dated 11/13/2013 the injured worker underwent a right shoulder arthroscopic resection. The clinical note dated 12/23/2013 noted the injured worker reported the shoulder was doing better, but had depression secondary to pain. There is a lack of follow-up documentation post-operatively within the submitted documentation; however the last known prescribed medication included hydrocodone 10/325, Diclofenac 100mg, Pantoprazole 20mg, and Cyclobenzaprine 7.5 mg. The request for authorization was not found within the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DYOTION 250MG SR CAPSULES, QUANTITY: 120, 2 CAPSULES TWICE DAILY:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18.

**Decision rationale:** Dyotin is a form of Gabapentin. The MTUS Chronic Pain Guidelines show Gabapentin 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. However, the injured worker's post-operative pain has not been fully documented and is unclear if Gabapentin would be indicated for the musculoskeletal etiology of the pain. As such, the request is not medically necessary and appropriate.