

<b>Case Number:</b>	CM14-0002232		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/15/1997
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 and Rehabilitation and is licensed to practice in California. 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 59 year old male who reported an injury on 06/15/1997. The mechanism of injury was not provided. Per the 12/05/2013 clinical note, the injured worker reported surgeries to both shoulders. Objective findings included 100 degrees of abduction, tenderness along the rotator cuff, and weakness to resisted function. The injured worker's diagnoses included impingement syndrome status post right decompression with distal clavicle excision, left rotator cuff repair, depression, and weight gain. The injured worker's medication regimen included Terocin patches, LidoPro cream, Flexeril 7.5mg, Voltaren 100mg, Tramadol ER 150mg, and Protonix 20mg. The request for authorization form for prospective Neurontin 600mg and ReJuviness 1 silicone sheeting was submitted on 12/06/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR NEURONTIN 600MG #180 DOS:12/6/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Guidelines, Anti-Epilepsy Drugs (AEDs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Gabapentin (Neurontin Page(s): 49.

**Decision rationale:** The request for neurontin 600mg #180 is not medically necessary. The CA MTUS guidelines state neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The medical records provided do not indicate the injured worker was experiencing neuropathic pain. There was no evidence of neuropathic pain on physical exam to warrant the use of neurontin. As such, the request is not medically necessary.

**RETROSPECTIVE REQUEST FOR REJUVENESS (1 SILICONE SHEETING)**

**DOS:12/6/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Stavrou D, Weissman O, Winkler E, et al. Silicone-based scar therapy: A review of the literature. *Aesthetic Plast Surg.* 2010;34(5):646-651. Berman B, Perez OA, Konda S, et al. A review of the biologic effects, clinical efficacy, and safety of silicone elastomer sheeting for hypertrophic and keloid scar treatment and management. *Dermatol Surg.* 2007;33(11):1291-1302; discussion 1302-1303.

**Decision rationale:** The request for ReJuveness (1 silicone sheeting) is non-certified. Silicone sheeting is used to reduce the volume and increase the elasticity of hypertrophic and keloid scars. However, studies on silicone products in treatment of hypertrophic scars and keloids are limited and the results have not demonstrated significant benefit over standard care. The medical records provided indicated the injured worker had previous shoulder surgeries; however, no scars were documented on physical exam. In addition, the submitted request does not specify the site of application. As such, the request is non-certified.