

Case Number:	CM14-0009710		
Date Assigned:	02/21/2014	Date of Injury:	06/27/2005
Decision Date:	07/18/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Occupational Medicine, 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:

This is a 54-year-old female with a 6/27/05 date of injury. She is status post a SLAP repair of the right shoulder in 2006 as well as right radial chip fracture. Conservative treatment to date has not resolved her symptoms. A progress report dated 11/4/13 stated the patient complained of right upper extremity pain, 9/10 without medications and 6-7/10 with them. Acupuncture was noted to be helpful for her wrist. Exam findings revealed positive impingement signs of the right shoulder with periscapular spasm and decreased range of motion, and right elbow medial and lateral epicondyle tenderness. Treatment to date has been acupuncture, chiropractic session, injection therapy, and SLAP repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF FEXMID 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Fexmid) is recommended as an option, using a short

course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a postoperative use. The addition of Cyclobenzaprine to other agents is not recommended. The patient started using this medication in November of 2013. There has been no documentation of pain relief or gain or maintenance of function. There is no indication this medication was used for a low back pain exacerbation. As such, the request is not medically necessary.

ONE PRESCRIPTION OF NEURONTIN 600 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPTIC DRUGS; GABAPENTIN Page(s): 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient had been on this medication since September 2012 and at that time her dosage was 300 mg three times a day; as of 12/4/13, her dosage is 1800 mg daily. There is no indication as to when the patient's medication was increased, or why. In addition there is no documentation that this medication was been helpful regarding the patient's condition. As such, the request is not medically necessary.