

Case Number:	CM14-0013623		
Date Assigned:	02/26/2014	Date of Injury:	03/30/2001
Decision Date:	07/28/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	02/03/2014

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:

The patient is a 60-year-old female who has submitted a claim for reverse total shoulder replacement and left shoulder strain/impingement associated with an industrial injury date of March 30, 2001. The medical records from 2013 to 2014 were reviewed. The patient complained of persistent left shoulder pain. Physical examination showed tenderness in the subacromial/acromial/acromioclavicular/periscapular regions, positive impingement test, and subacromial crepitus. Treatment to date has included NSAIDs, opioids, muscle relaxants, anticonvulsants, topical analgesics, home exercise programs, cryotherapy, physical therapy, and surgery. A utilization review from December 31, 2013 denied the request for Gabapentin 600MG, #60 because the history and subjective symptoms of the patient do not correspond to a neuropathic type of pain. The most recent note did not have a comprehensive neurologic examination. The request for Robaxin 750MG, #120 was denied because long term use is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, GABAPENTIN (NEURONTIN)
Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-19.

Decision rationale: According to pages 16-19 of CA MTUS Chronic Pain Treatment Guidelines, Gabapentin has been considered as a first-line treatment for neuropathic pain. The patient should be asked at each visit as to whether there has been a change in pain or function. In this case, the patient has been taking Gabapentin since February 2013. The patient complained of persistent left shoulder pain. However, subjective complaints are not compatible with neuropathic pain. The medical records are not very legible. Neurologic examination and the presence of neuropathic pain were not clearly stated in the medical records. Therefore, the request for Gabapentin 600MG, #60 is not medically necessary.

ROBAXIN 750 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: According to pages 64-65 of CA MTUS Chronic Pain Medical Treatment Guidelines, Methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. In this case, the patient has been taking Robaxin since February 2013. The patient complained of persistent left shoulder pain. However, there were no complaints of muscle spasms. The medical records are not very legible. Physical examination findings and the presence of muscle spasms were not clearly stated in the medical records. Therefore, the request for Robaxin 750MG, #120 is not medically necessary.