

<b>Case Number:</b>	CM14-0015947		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine 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 63-year-old female who reported an injury on 09/16/2012. The mechanism of injury was the injured worker was lifting boxes of discarded pharmacy supplies and developed progressive right shoulder pain. Prior treatments included medication management, therapy, and exercise. The injured worker's diagnoses included chronic pain syndrome, unspecified disorders of the bursa and tendons of the shoulder region, and neck sprain and strain. The injured worker underwent an MRI of the lumbar spine. Additional prior treatments included acupuncture. The documentation of 01/13/2014 revealed the injured worker had complaints of right shoulder pain. The injured worker was noted to be taking Pamelor 10 mg as needed, Gralise 300 mg 1 tablet daily, and Tylenol Extra Strength tablets 2 tablets daily. The documentation indicated the injured worker's pain was decreased by 80% and allowed for work duties, and there were no side effects. The documentation indicated the injured worker was working 40 hours per week. The physical examination revealed the injured worker had decreased painful range of motion in the right shoulder. The treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUATION OF PRESCRIPTION OF TYLENOL ES 500MG X 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for at least 4 months. There was documentation the injured worker had objective functional improvement and an objective decrease in pain. This request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for continuation of the prescription for Tylenol ES 500 mg x120 is not medically necessary.

**PRESCRIPTION OF PAMELOR 10MG X 15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

**Decision rationale:** The California MTUS Guidelines recommend antidepressants as a first-line medication for the treatment of neuropathic pain. They are recommended especially if the pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective functional improvement. This request would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for a prescription for Pamelor 10 mg x15 is not medically necessary.

**PRESCRIPTION OF GRALISE 300MG X 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS Guidelines recommend anti-epilepsy medications as a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for a prescription of Gralise 300 mg x30 is not medically necessary.