

<b>Case Number:</b>	CM14-0029332		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/03/1998
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 63-year-old female with date of injury of 06/03/1998. Per treating physician's report, 02/03/2014, which is handwritten, patient had right shoulder cortisone injection 4 days ago with 75% to 90% improvement in pain. Range of motion has cervical spine asymmetric motion, right side greater than left side tenderness, negative Spurling's, negative axial compression 45/50/52/56/32. Rest of the objective findings is difficult to read. Diagnosis: Cervical spine strain/sprain with anterolisthesis of C5 on C6 per x-ray 2009, slight degenerative joint disease per x-ray July 2011 with recent history of increased symptoms. Under treatment plan, patient is to continue home-care assistance, continue transportation to and from all medical appointments, refill medications; and there are check marks next to Zanaflex, Neurontin, and 5% Lidoderm patches. Next to Lidoderm patches, he has a check mark next to treatment of OA of peripheral joints. Report on 01/30/2014 is by an orthopedist who discusses right shoulder pain that has been bothering the patient for 15 years. When the shoulder is flared up, she is significantly debilitated. She describes pain within her shoulder, worse with overhead activity, and the patient is not interested in surgery for her shoulder. Patient has a spinal cord stimulator and cannot get an MRI. There is a long list of current outpatient prescription including amoxicillin, ascorbic acid, aspirin, B-complex, buspirone, calcium, Celebrex, vitamin D, Temovate, gabapentin, glucosamine, ketoprofen cream, Terocin lotion, Lidoderm, Xylocaine solution, melatonin, methadone, omega 3, omeprazole, paroxetine, probiotic, products of senna, tizanidine taken 4 mg 3 times a day, Topamax. Impression was bicipital tendinitis and impingement syndrome. Recommendation was for conservative algorithm with injection, PT exercises. Patient was given subacromial injection that helped ameliorate much of her pain. Patient was given shoulder exercise and a TheraBand for home exercise. A report by [REDACTED]

dated 01/16/2014 under medication management visit is reviewed. Patient has history of MDD, panic disorder, pain disorder, and cluster B traits, who follows her medication management. There is again a long list of medications, and the listed diagnoses are major depressive disorder, recurrent in full remission, panic disorder with agoraphobia in remission, pain disorder associated with psychological factors. Plan was to continue medications. This was a psychiatric report. Report by [REDACTED] from 11/07/2013 is reviewed. Patient has progressive worsening of orthopedic complaints, primary complaints of neck pain with radiating symptoms, is scheduled to be evaluated by neurosurgeon. Patient is taking Zanaflex, Neurontin, Lidoderm patches; and without medications, 9/10, and with medications, 4/10 pain. "She has increased function in activities of daily living including walking." She denies experiencing nausea, vomiting, constipation, has no aberrant behavior. Examination showed tenderness to palpation, muscle spasm, muscle guarding.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zanaflex 4mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

**Decision rationale:** This patient presents with chronic neck, shoulder pains for which the treating physician has recommended the use of Zanaflex 4 mg 3 times a day. Review of the reports shows that the medication is helping and the treating physician provides before and after pain scale. He also mentioned there is increase of function and activities of daily living including walking, although no other specifics were provided. Regarding Zanaflex, MTUS states that this medication can be used for chronic low back pain, chronic myofascial pain syndrome, and chronic pain conditions such as fibromyalgia. In this case, the treating physician adequately documents muscle spasms, muscle guarding, tenderness to palpation on examination with benefit from the use of Zanaflex. Given MTUS Guidelines' support for Zanaflex in some of the chronic pain conditions such as myofascial pain, low back pain, and fibromyalgia, recommendation is medically necessary.

**Neurontin 600mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** This patient presents with chronic neck pain, upper extremity pain, shoulder pain with radicular symptoms. The request is for Neurontin 600 mg 3 times a day. There

appears to be some documentations regarding medication efficacy. Report by treating physician dated 11/07/2013 states that the patient's pain level goes from 9/10 without medications and 4/10 with medications with increased function, activities of daily living including walking. Although the treating physician does not specifically talk about Neurontin separately, the patient appears to be benefitting from use of the medications prescribed by this patient which includes Neurontin. Use of Neurontin is supported by MTUS Guidelines for neuropathic pain which this patient suffers from. Patient does have spinal cord stimulator in place. Recommendation is medically necessary.

**Lidoderm Patches 5% #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** This patient presents with chronic neck, upper extremity, shoulder pains. The treating physician has prescribed Lidoderm patches indicating that this is to be used for peripheral joint osteoarthritis. MTUS Guidelines support the use of Lidoderm patches for peripheral localized pains that are neuropathic. In this case, while the patient has diffuse radicular symptoms, which is neuropathic in nature, it is not peripheral or localized. Use of Lidoderm patches are not indicated for peripheral joint osteoarthritis which is the rationale provided by the treating physician for prescription of this medication. Given the lack of indication for use of this medication on this patient, recommendation is for denial.