

<b>Case Number:</b>	CM14-0045239		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/03/1997
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 64-year-old male who has submitted a claim for right shoulder pain associated with an industrial injury date of 05/03/1997. Medical records from to 06/25/2014 were reviewed and showed that patient complained of right shoulder pain graded 6/10 with no associated radiation. Physical examination of the right shoulder revealed tenderness over the biceps groove, glenohumeral joint, and greater tubercle of humerus. Shoulder ROM was limited. Hawkins, Neer, and drop arm tests were positive. MRI of the right shoulder dated 06/17/2006 revealed mild glenohumeral joint arthritis, subscapularis and infraspinatus tendinosis, supraspinatus tendinosis, and joint effusion in the subacromial-subdeltoid bursa. Treatment to date has included right shoulder arthroscopic surgery (12/2006), physical therapy, and pain medications. Utilization review dated 03/14/2014 denied the request for prescription of Gabapetin 600mg tab because there was patient compliance issues. Utilization review dated 03/14/2014 denied the request for prescription of Celebrex 200mg capsule #30 with 3 refills because it was not medically necessary. Utilization review dated 03/14/2014 denied the request for prescription of Flexeril 7.5mg #60 because it was not supported by the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg cap; quantity 30, refills 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 30.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 22.

**Decision rationale:** Page 22 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that Celebrex may be considered if the patient has a risk of GI complications, but not for the majority of patients. In this case, the patient was prescribed Celebrex 200mg OD since 08/07/2013 with no documentation of pain relief or functional improvement. The guidelines do not support the long-term use of Celebrex for pain relief. Therefore, the request for Celebrex 200 mg cap; quantity 30, refills 3 is not medically necessary.

**Flexeril 7.5 mg; quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

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

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Flexeril 7.5mg #90 OD since 08/07/2013. The long-term use of cyclobenzaprine is not recommended by the guidelines. Therefore, the request for Flexeril 7.5 mg; quantity 60 is not medically necessary.

**Gabapentin 600 mg; quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy 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. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, the patient was prescribed Gabapentin 600mg since 08/07/2013. There was no documentation of pain relief or functional improvement with gabapentin use. Long-term use of gabapentin without documentation of change in pain or function is not in unison with guidelines recommendation. Therefore, the request for Gabapentin 600 mg; quantity 60 is not medically necessary.