

<b>Case Number:</b>	CM14-0075701		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/29/2003
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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, 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 injured worker is a 65-year-old male who reported an injury on 04/29/2003 due to a fall. The injured worker's diagnoses were left shoulder pain, cervical pain and arthritis of the cervical spine. Past or prior treatments for the injured worker have been physical therapy with an occasional cortisone injection, dates unknown. The injured worker had an electromyogram and a nerve conduction test study completed on 10/28/2010, which revealed left infraspinatus branch neuropathy and probable left C6 radiculopathy. An MRI of the cervical spine was done on 04/06/2011 and revealed straightening of the cervical spine that may be positional or related to spasms. There was a disc desiccation present all along the cervical spine and degenerative changes. The injured worker's surgical history includes a 02/18/2004 right shoulder arthroscopy debridement of a type I labral tear, repair of massive rotator cuff tear and acromial decompression; a 01/10/2007 right inverse shoulder replacement with Zimmer anatomic inverse device, latissimus dorsi tendon transfer and biceps tenodesis; a 04/29/2009 left arthroscopic rotator cuff repair with subacromial decompression and biceps tenodesis; and a 05/15/2010 left rotator cuff repair revision. The injured worker complained of left shoulder pain and neck and bilateral arm pain. On the physical examination dated 05/13/2014, there was severe tenderness to palpation of the left shoulder with limited range of motion and tenderness over the left subacromial bursa. Range of motion of the neck was positive Spurling's test with pain upon flexion, extension and bilateral rotation. Also, there was tenderness to the trapezius. The injured worker's medications were Norco 10/325, terazosin HCl 10 mg, omeprazole 20 mg, metoprolol succinate 25 mg and Restoril 30 mg. The provider's treatment plan is to continue the Norco, Restoril and Neurontin. The rationale for the Restoril 30 mg is that the injured worker has used Ambien in the past, and it was no longer effective for insomnia. There was no rationale for the

request for the Neurontin. The Request for Authorization form was provided with documentation submitted for review.

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

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

**Restoril capsule 30 mg once a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines: Restoril (Temazepam).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia.

**Decision rationale:** The request for Restoril capsules 30 mg once a day is non-certified. According to the California MTUS, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven, and there is a risk for dependence. Most guidelines limit the use to 4 weeks. Benzodiazepines are used in the treatment of anxiety disorders; a more appropriate treatment for an anxiety disorder is an antidepressant. Tolerance to anticonvulsants and muscle relaxants occurs within weeks. According to the Official Disability Guidelines, the FDA approved benzodiazepines for sleep maintenance insomnia include Flurazepam and temazepam, which is Restoril, as well as triazolam, which is Halcion and was FDA approved for sleep onset insomnia. These medications are only recommended for short-term use due to the risk of tolerance, dependence and adverse events, like daytime drowsiness, anterograde amnesia, next day sedation, impaired cognition, impaired psychomotor function and rebound insomnia. Benzodiazepines are similar in efficacy to benzodiazepine receptor agonists, however, the less desirable side effect profile limits their use as a first-line agent, particularly for long-term use. The injured worker has clinical documentation of insomnia due to pain and was on Ambien, and the provider changed him to Restoril. However, the request for Restoril does not contain the quantity for the proposed medication. As such, the request for Restoril capsules 30 mg once a day is not medically necessary.

**Neurontin 400 mg three times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs): Neurontin (Gabapentin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines gabapentin page Page(s): 18, 49.

**Decision rationale:** The request for Neurontin 400 mg 3 times a day is non-certified. The California Medical Treatment Utilization Schedule Guidelines state that Neurontin (gabapentin) is an antiepileptic drug, also referred to as an anticonvulsant, which has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first-line treatment for neuropathic pain. The injured worker complained of pain to

the shoulder, neck and arm and the injured worker has a documented diagnosis of cervical pain and had been diagnosed with radiculopathy per electrodiagnostic studies. However, the injured worker's complaints do not signify neuropathic pain. Efficacy of the medication was not documented to support continuation. Additionally, the request does not include the quantity for the proposed request. Given the above, the request is for Neurontin is not medically necessary.