

<b>Case Number:</b>	CM14-0091350		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/19/2010
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 60-year-old female who reported an injury on 11/19/2010. Reportedly, while she was at work, she was hanging clothes overhead, and developed hand and shoulder difficulties. The injured worker's treatment history included pain medications, injections, and a TENS unit. The injured worker was evaluated on 05/02/2014 and it was documented the injured worker complained of pain in her wrist, hand, right shoulder, and depression. She continued to find her medications helpful and well tolerated. Her medications included Flexeril for acute flare ups of muscle spasms, Gabapentin for neuropathic pain, Zantac for GI upset due to her Flexeril and Gabapentin, Lidoderm patches for her neuropathic pain caused by CTS. The provider noted the injured worker had started Ultracet for her pain. However, the injured worker did not find that very helpful. She had increased pain in her shoulder and some numbness in her arms. The injured worker rated her pain as a 9/10 in intensity without pain medication, and as a 5/10 to 6/10 in intensity with pain medications. It was better with medications and physical therapy. Physical examination revealed the injured worker had 5-/5 grip strength, and otherwise, 5/5 bilateral upper extremity strength. It was intact and equal. There was tenderness to palpation over both upper arms. She had right shoulder tenderness to palpation over the anterior aspect. Limited range of motion in the right shoulder due to pain was noted. A positive impingement sign was noted. Diagnoses included carpal tunnel syndrome, shoulder pain, numbness, depression, chronic pain syndrome, muscle pain, other affections of the shoulder region not elsewhere classified, impingement syndrome of the right shoulder, rotator cuff tear, right (partial tear of supraspinatus and subscapularis) SLAP tear of right shoulder, and acromioclavicular joint arthritis on the right. Medications included Ultram, Gabapentin and Diazepam.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 200mg #200:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was a lack of evidence of opioid medication management or longevity, of pain relief. The request lacked frequency and duration of medication. The provider failed to provide a urine drug screen indicating opiate compliance for the injured worker. As such, the request for Ultram 200mg #200 is not medically necessary.

**Gabapentin 600mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an antiepilepsy drug (AEDs, also referred to as anticonvulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The documentation submitted had a lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. The medical records and guidelines do support that rationale or indication for gabapentin for neuropathic pain for the injured worker. However, the request that was submitted for Gabapentin 600 mg #90 failed to include duration and frequency for the injured worker. As such, the request for Gabapentin 600mg #90 is not medically necessary.