

<b>Case Number:</b>	CM15-0102336		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, California

Certification(s)/Specialty: Family Practice

### 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 is a 55-year-old female patient who sustained an industrial injury on 11/02/2010. The diagnoses include adhesive capsulitis of the shoulder and impingement syndrome of the shoulder. She sustained the injury due to cumulative trauma. Per the doctor's note dated 5/19/15, she had complaints of neck pain, hand pain and right shoulder pain. Per the doctor's note dated 3/20/2015, she had complaints of right shoulder pain. Pain was rated as 8 (0-10) and described as better with Norco 3 times per day. She reported that she does okay at work but not with any other activities. The report states no changes from the previous exam 4 months earlier. The physical exam revealed a positive Hawkin's and Neer's tests and restricted range of motion of the cervical spine. The medications list includes Flexeril (as needed at night/not daily), gabapentin (600mg at night), Naprosyn 500mg twice daily as needed), and Norco (10/325mg three daily with a quantity of 90). She has had a urine toxicology screening dated 02/26/2015, which was positive for opiates with a daily morphine equivalent of 30mg. She has had MRI of the right shoulder, which revealed mild tendinopathy of the antero-distal supraspinatus and infraspinatus tendons. The injured worker was noted to be permanent and stationary. Plan of care includes continued medications (Flexeril 10mg quantity 240), gabapentin (300mg with a quantity of 600), Naprosyn (500mg with a quantity of 150), and Norco (10/325mg with a quantity of 90). Requested treatments include Flexeril, gabapentin, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril tablets 10mg 240.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Flexeril tablets 10mg 240.00. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient has chronic neck and right shoulder pain. Short term or prn use of flexeril in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The CA MTUS chronic pain guidelines do not recommended muscle relaxant for long-term use. Rationale for prescribing large quantity of flexeril 240 tablets without documenting functional improvement is not specified in the records provided. The need for flexeril-muscle relaxant on a daily basis with lack of documented improvement in function is not fully established. Response to NSAIDs without muscle relaxants is not specified in the records provided. Evidence of muscle spasm is not specified in the records provided. The medical necessity of Flexeril tablets 10mg 240.00 is not medically necessary in this patient at this time.

**Gabapentin capsules 300mg quantity 600.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 18-19 Gabapentin (Neurontin, Gabarone, generic available).

**Decision rationale:** Gabapentin capsules 300mg quantity 600.00. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." Evidence of neuropathic pain is not specified in the records provided. Evidence of diabetic painful neuropathy and post herpetic neuralgia is also not specified in the records provided. Rationale for prescribing large quantity of gabapentin 300mg 600 tablets without documenting functional improvement is not specified in the records provided. The medical necessity of Gabapentin capsules 300mg quantity 600.00 is not medically necessary in this patient at this time.

**Norco 10mg/325mg tablets quantity 90.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page 75-80.

**Decision rationale:** Norco 10mg/325mg tablets quantity 90.00. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Response to a lower potency opioid is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10mg/325mg tablets quantity 90.00 is not medically necessary for this patient.