

<b>Case Number:</b>	CM15-0104942		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	03/09/2005
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: North Carolina  
 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:

The injured worker is a 56-year-old male, with a reported date of injury of 03/09/2005. The diagnoses include status post right shoulder reconstruction and replacement, and chronic myofascial pain syndrome. Treatments to date have included oral medications. The progress report dated 05/11/2015 indicates that the injured worker complained of persistent flare-ups of pain about his right shoulder. He rated the pain 4 out of 10. It was noted that the injured worker was not working at the present time. He had been taking Zanaflex twice a day for muscle spasm. His Neurontin and Naprosyn were not provided to him the previous month. The injured worker denied any side effects from his medications. He reported functional improvement and improvement in pain with his current medication regimen. The injured worker rated his pain 3-4 out of 10 with medications, and 8-9 out of 10 without medications. He noted improvement with his activities of daily living, increased ability to drive, and use of his right upper extremity at and above the shoulder level as a result of his current medication usage. The objective findings include tenderness over the right upper trapezius and over the right posterior scapular musculature, where muscle spasms and myofascial trigger points were noted; tenderness over the anterior capsule about the right shoulder; decreased right shoulder range of motion; increased right shoulder pain upon the extremes of all ranges of motion about the right shoulder; and positive right shoulder impingement sign. The treating physician requested Neurontin and Zanaflex. It was noted that an opioid treatment agreement and opioid risk assessment tool was updated and signed on the day of the visit, and reviewed with the injured worker. The injured worker would be re-evaluated in four weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 16-22.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba,2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post-herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient does not have the diagnosis of neuropathic pain .Therefore the request is not medically necessary and not approved.

**Zanaflex 4 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.