

<b>Case Number:</b>	CM15-0012498		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/24/2004
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 49-year-old male, who sustained an industrial injury on 08/24/2004. On physicians progress report dated 12/10/2014. The injured worker has reported left shoulder pain. He was noted to have left shoulder impingement and positive for acute spasms to left trapezius area. The diagnoses have included myofascial pain syndrome, cervical and lumbar spine strain, left rotator cuff syndrome; cervical radiculopathy and status post left shoulder surgery. Treatment to date has included medication. Treatment plan included Flexeril 7.5mg, Neurontin 600mg, Voltaren XR, and left subacromial bursa injection. On 12/18/2014 Utilization Review non-certified Flexeril 7.5mg, Neurontin 600mg, Voltaren XR, and left subacromial bursa injection. The CA MTUS, ACOEM, Chronic Pain Medical Treatment Guidelines and ODG were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg:** Upheld

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

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

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG 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. 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." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). 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." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.

**Neurontin 600mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41 of 127.

**Decision rationale:** With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "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 MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." According to the attach medical record the injured employee has complaints of radicular symptoms in the upper extremities and previous usage of Neurontin was stated to be helpful. Considering this, this request for Neurontin is medically necessary.

**Voltaren XR 100mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 69, 71, 112.

**Decision rationale:** Voltaren is an anti-inflammatory medication. The California MTUS guidelines recommend anti-inflammatory medications as a first-line agent for the treatment of

musculoskeletal pain to decrease pain and improve function. Considering the injured employees diagnosis of neck and back pain as well as myofascial pain syndrome, this request for Voltaren is medically necessary.

**1 Left Subacromial Bursa Injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) - Steroid Injections, updated April 3, 2015.

**Decision rationale:** The Official Disability Guidelines support steroid injections for individuals with impingement syndrome, which have not improved with other conservative methods. The attached medical record does include physical examination findings of impingement syndrome and symptoms have not been controlled with trigger point injections and oral medications. As such, this request for a left shoulder subacromial injection is medically necessary.