

<b>Case Number:</b>	CM15-0138558		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 45 year old male, who sustained an industrial injury on 9-18-2014. The mechanism of injury was sustained while turning a wood cabinet. The injured worker was diagnosed as having right shoulder SLAP tear and tendinosis, rule out right carpal tunnel syndrome and left wrist-elbow pain with sprain-strain. Right elbow magnetic resonance imaging showed cubital tunnel syndrome and magnetic resonance imaging of the right wrist was suspicious for carpal tunnel syndrome. Treatment to date has included massage therapy, physical therapy, acupuncture, lumbar surgery and medication management. In a progress note dated 6- 15-2015, the injured worker complains of pain in the right forearm, right wrist and right hand, rated 8 out of 10. Physical examination showed bilateral wrist positive Tinel's sign and Phalen's sign. The treating physician is requesting Gabapentin-Acetaminophen compound, 100-325mg #60 and "Methacarbamol"-Glucosamine 250-100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin/Acetaminophen compound, 100/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 11-12,18-19.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin/acetaminophen compound 100/325 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are right shoulder SLAP II tear and tendinosis; rule out right carpal tunnel syndrome and cubital tunnel syndrome; pain in left wrist/elbow secondary to sprain/strain with mild neuropathy. Date of injury is September 18, 2014. Request for authorization is dated June 29, 2015. According to a June 15, 2015 progress note, subjective complaints include right forearm, wrist and hand pain. Pain score is 8/10. Pain medications are not listed. The injured worker received physical therapy and acupuncture, but the documentation does not indicate whether there was a benefit. Objectively, there was positive Tinel's and Phalen's. Motor function was normal. There was no documentation of neuropathic symptoms or signs. There was no documentation of osteoarthritis. There was no clinical rationale for the use of gabapentin/acetaminophen compound or Methocarbamol/glucosamine. There is no clinical rationale why to medications were ordered as a compound. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and the lack of a clinical indication and rationale for the use of gabapentin/acetaminophen compound, Gabapentin/acetaminophen compound 100/325 mg #60 is not medically necessary.

**Methocarbamol/Glucosamine 250/100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 18-19,50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants, Knee and leg section, Glucosamine.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol/glucosamine 250/100 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder SLAP II tear and tendinosis; rule out right carpal tunnel syndrome and cubital tunnel syndrome; pain in left wrist/elbow secondary to sprain/strain with mild neuropathy. Date of injury is September 18, 2014. Request for authorization is dated June 29, 2015. According to a June 15, 2015 progress note, subjective complaints include right forearm, wrist and hand pain. Pain score is 8/10. Pain medications are not listed. The injured worker received physical therapy and acupuncture, but the documentation does not indicate whether there was a benefit. Objectively, there was positive Tinel's and Phalen's. Motor function was normal. There was no documentation of neuropathic symptoms or signs. There was no documentation of osteoarthritis. There was no clinical rationale for the use of gabapentin/acetaminophen compound or Methocarbamol/glucosamine. There is no clinical rationale why to medications were ordered as

a compound. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and the lack of a clinical indication and rationale for the use of Methocarbamol /glucosamine, Methocarbamol/glucosamine 250/100 mg #60 is not medically necessary.