

<b>Case Number:</b>	CM15-0144049		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	03/31/2005
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 61 year old female, who sustained an industrial injury on 3-31-05. The injured worker was diagnosed as having left shoulder chronic impingement, partial biceps tendon tear, left carpal tunnel syndrome, chronic neck pain, progressive triggering of left thumb, long and ring finger and major depression. Treatment to date has included left shoulder arthroscopy, left carpal tunnel release, extensive debridement of biceps tendon tear, right shoulder debridement with subacromial decompression, oral medications including Norco, Aleve, Ambien and Flexeril; home exercise program and activity restrictions. Currently on 5-1-15, the injured worker complains of moderate pain to right shoulder with radiation to the neck, shoulder, arm, elbow, hand and fingers; her symptoms are unchanged and include locking, stabbing pain, weakness, numbness, grinding, popping and stiffness. She notes the symptoms are improved with no activity and medications. Her disability status is noted to be permanent and stationary. Physical exam performed on 5-1-15 revealed tenderness in neck and low back with limited motion of bilateral shoulders and wrists. Well healed carpal tunnel incisions are also noted. The treatment plan included continuation of Norco, Neurontin, Naproxen, Ambien, Aciphex and Flexeril, request for a transfer of care to chronic pain management and follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16.

**Decision rationale:** Records indicate the patient has complaints of pain in the shoulder, with radiation into the shoulder, back and hand. The current request is for Gabapentin 300mg #60. The 7/24/15 PR-2 report states "Norco and Neurontin were denied so we have to submit an RFA. The CA MTUS does recommend Gabapentin for neuropathic pain. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at post-herpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." In this case, the patient is status-post right shoulder MUA, debridement and decompression. There is a note indicating that the patient now may have CRPS affecting the left shoulder. The patient appears to be suffering from neuropathic pain and the physician is requesting treatment of the neuropathic pain with Gabapentin. The current request is medically necessary.

**Norco 5/325mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**Decision rationale:** Records indicate the patient has complaints of pain in the shoulder, with radiation into the shoulder, back and hand. The current request is for Norco 5/325mg #90. The 7/24/15 PR-2 report states "Norco and Neurontin were denied so we have to submit an RFA. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no discussion of decreasing pain levels and functional improvement with the use of this medication. The MTUS requires much more thorough documentation for continued opioid usage. Therefore, the available medical records do not establish medical necessity at this time for the request of Norco.