

<b>Case Number:</b>	CM15-0047663		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	12/28/2008
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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  
 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 31-year-old female, who sustained an industrial injury on 12/28/2008. She reported injury to the neck and right shoulder. The injured worker was diagnosed as having cervical radiculopathy; and right shoulder impingement syndrome, status post decompression. Treatment to date has included medication, diagnostic testing, trigger point injections, cervical traction unit, chiropractic sessions, and surgical intervention. Medications have included Norco, Flector patch, Gabapentin, Flexeril, and Prilosec. A progress report from the treating provider, dated 01/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain, headache, and right shoulder pain; and the pain intensity and frequency improve with the cervical traction unit, medications, and chiropractic treatments. Objective findings included tenderness to palpation over the cervical spine and right shoulder. The treatment plan includes the request for Flexeril 10 mg #30; Flector 1.3% patch #60; and Gabapentin 600 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with neck and right shoulder pain with headaches. The request is for FLEXERIL 10MG #30. There is no RFA provided and the date of injury is 12/28/08. Per 01/26/15 report, the patient has a diagnosis of cervical radiculopathy, right shoulder impingement syndrome s/p decompression, tremors/bilateral hands and depression. Physical examination to the cervical spine revealed tenderness to palpation over the bilateral C3-7 paraspinals and supraspinatus. MRI of the cervical spine completed on 09/20/10 revealed mild spinal canal stenosis at C5-6 due to broad central disc bulge. MRI of the shoulder performed on 10/08/11 revealed low level cuff tendinosis, subdeltoid bursal inflammation and capsular thickening suggestive of adhesive capsulitis. Current medications include Flexeril, Norco, Flector patches, Gabapentin, Prilosec, Excedrin and Sumatriptan. The patient has been declared permanent and stationary since 2013 and is working full time with restrictions, per 01/26/15 report. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not provided a reason for the request. Per provided medical reports, the patient has been prescribed Flexeril at least since 08/25/14. MTUS Guidelines do not recommend the use of Flexeril for longer than 2-3 weeks. The use of Flexeril has exceeded the 2-3 weeks recommended by MTUS guidelines. Therefore, the request for Flexeril 10mg IS NOT medically necessary.

**Flector 1.3% patch #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**Decision rationale:** The patient presents with neck and right shoulder pain with headaches. The request is for FLECTOR 1.3% PATCH #60. There is no RFA provided and the date of injury is 12/28/08. Per 01/26/15 report, the patient has a diagnosis of cervical radiculopathy, right shoulder impingement syndrome s/p decompression, tremors/bilateral hands and depression. Physical examination to the cervical spine revealed tenderness to palpation over the bilateral C3-7 paraspinals and supraspinatus. MRI of the cervical spine completed on 09/20/10 revealed mild spinal canal stenosis at C5-6 due to broad central disc bulge. MRI of the shoulder performed on 10/08/11 revealed low level cuff tendinosis, subdeltoid bursal inflammation and capsular

thickening suggestive of adhesive capsulitis. Current medications include Flexeril, Norco, Flector patches, Gabapentin, Prilosec, Excedrin and Sumatriptan. The patient has been declared permanent and stationary since 2013 and is working full time with restrictions, per 01/26/15 report. Flector patch is Diclofenac in a topical patch. Regarding topical NSAIDs, MTUS topical analgesics pages 111-113 states, "Indications: Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Per 01/26/15 report, treater states, "prescribing Flector patch BID for it's anti inflammatory effect." Per provided medical reports, the patient has been prescribed Flector patches at least since 08/25/14. In this case, the MRI of the shoulder revealed low level cuff tendinosis, but topical NSAIDs are not indicated for shoulder condition. They are indicated for peripheral joint arthritis/tendinitis problems. The request IS NOT medically necessary.

**Gabapentin 600mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The patient presents with neck and right shoulder pain with headaches. The patient reports experiencing 2-3 headaches per week. The request is for GABAPENTIN 600MG #30. There is no RFA provided and the date of injury is 12/28/08. Per 01/26/15 report, the patient has a diagnosis of cervical radiculopathy, right shoulder impingement syndrome s/p decompression, tremors/bilateral hands and depression. Physical examination to the cervical spine revealed tenderness to palpation over the bilateral C3-7 paraspinals and supraspinatus. MRI of the cervical spine completed on 09/20/10 revealed mild spinal canal stenosis at C5-6 due to broad central disc bulge. MRI of the shoulder performed on 10/08/11 revealed low level cuff tendinosis, subdeltoid bursal inflammation and capsular thickening suggestive of adhesive capsulitis. Current medications include Flexeril, Norco, Flector patches, Gabapentin, Prilosec, Excedrin and Sumatriptan. The patient has been declared permanent and stationary since 2013 and is working full time with restrictions, per 01/26/15 report. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) 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 01/26/15, report, treater states, "prescribing Gabapentin for neuropathic pain and headaches." The 02/17/15 report states, "Gabapentin has been effective in the modulation of the patient's neuropathic pain. The patient has utilized Gabapentin at least since 08/25/14, per provided medical reports. Given patient's diagnosis, the request appears reasonable and in accordance with guideline indications. Therefore, the request for Gabapentin IS medically necessary.