

Case Number:	CM15-0056064		
Date Assigned:	04/01/2015	Date of Injury:	01/16/2014
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/24/2015

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: Arizona, California
 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 53 year old male with an industrial injury dated 01/16/2014. His diagnosis includes arthrofibrosis, status post mini-open rotator cuff repair, and right shoulder. Prior treatments include physical therapy, MRI, surgery and medications. In the progress note dated 02/09/2015 the physician documents the injured worker is in need of arthroscopic lysis of adhesions and manipulation under anesthesia to regain mobility. Objective findings are not documented in this note. The plan of treatment is surgery with durable medical equipment, post-op therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin: Upheld

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

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

Decision rationale: According to the MTUS guidelines: 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Neurontin use. Furthermore, the treatment duration and exam findings related to need for Neurontin was not provided. Neurontin is not medically necessary.

Robaxin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics/muscle relaxants Page(s): 64.

Decision rationale: According to the MTUS guidelines, Robaxin is a muscle relaxants/ antispasmodic. Robaxin is indicated for decreasing spasticity in conditions such as cerebral palsy, MS, and spinal cord injuries (upper motor neuron syndromes). In this case, the claimant did not have the above diagnoses. Exam findings and length of need was not specified to support the use of Robaxin. The Robaxin is not medically necessary.