

<b>Case Number:</b>	CM14-0142868		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 39-year-old male with a reported date of injury on 01/12/2011. The mechanism of injury reportedly occurred when the injured worker was tossing boxes and felt a pop in his right shoulder. His diagnoses were noted to include impingement syndrome, adhesive capsulitis, and labral fraying. His previous treatments were noted to include TENS, acupuncture, physical therapy and medications. The progress note dated 06/27/2014 revealed complaints of right shoulder pain that were rated 6/10 without medications and 4/10 with medications. The injured worker indicated he had been unable to tolerate another warehouse assignment and wanted to return to school if possible. The injured worker indicated acupuncture and herbal patches had been very helpful and although the pinching sensation persisted, he had no need for medications on those days he had acupuncture. The physical examination revealed range of motion of cervical spine within normal limits and decreased range of motion to the right shoulder. The request for authorization form dated 06/27/2014 was for Flexeril 10 mg 1 twice day #30 and Gabapentin 600 mg 1 at bedtime #90. However, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The request for Flexeril 10 mg #30 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. There was a lack of documentation regarding efficacy and improved functional status with utilization of this medication. The documentation provided indicated the injured worker had been utilizing this medication for at least 3 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

**Gabapentin 600 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16-17.

**Decision rationale:** The request for Gabapentin 600 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend anti-epilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. There was a lack of documentation regarding efficacy and improved functional status with utilization of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.