

<b>Case Number:</b>	CM14-0213544		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47-year-old male with a 12/5/13 date of injury. He injured his left shoulder as a result of repeated use of his left upper extremity while standing on ladders and reaching and lifting, pushing and pulling heavy equipment. The UR decision dated 12/9/14 refers to a progress report dated 10/20/14, which was not provided for review. According to this review, the patient underwent a left shoulder arthroscopic superior labral anterior to posterior (SLAP) repair, labral debridement, glenoid chondroplasty, subacromial decompression, and Mumford procedure on 9/5/14. The patient reported constant pain at 2-10/10. He has been constantly icing and has had difficulty sleeping and would waken often from pain. It was noted that he has had some range of motion improvements. He had 8 remaining authorized physical therapy visits. Objective findings: limited range of motion of left shoulder. Diagnostic impression: left shoulder impingement with acromioclavicular joint arthrosis, left hip sprain/strain arthrosis, and cervical and lumbar spine post laminectomy syndromes. Treatment to date: medication management, activity modification, acupuncture, physical therapy, surgeries, epidural steroid injections. A UR decision dated 12/9/14 modified the request for 90 tablets of gabapentin 300mg to certify 45 tablets for weaning purposes and modified the request for 120 tablets of Norco 10/325mg with 1 refill to certify 60 tablets with zero refills for weaning purposes, and denied the request for Zanaflex. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing use of the medications requested. In addition, there is a lack of documentation related to the patient suffering from neuropathic pain. The clinical information lacks ongoing

review and documentation of pain relief, functional status, appropriate medication use, and side effects.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs; Gabapentin Page(s): 16-18; 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin).

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, in the present case, there is no documentation that this patient has a neuropathic component of his pain. A specific rationale as to why this patient has been prescribed Gabapentin was not provided. Therefore, the request for Gabapentin 300mg #90 is not medically necessary.

**Norco 10/325mg #120 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg #120 x 1 refill is not medically necessary.

**Zanaflex 4mg #90 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the present case, this patient has a 2013 date of injury, and it is unclear how long he has been taking Zanaflex. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Zanaflex 4mg #90 x 1 refill is not medically necessary.