Case Number:	CM15-0010479		
Date Assigned:	01/28/2015	Date of Injury:	05/08/2013
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 41 year old female sustained an industrial injury on 5/8/13, with subsequent ongoing neck, right shoulder, forearm and wrist pain. Magnetic resonance imaging right wrist (8/16/13) showed mild dorsal subluxation. EMG/NCV (1/14) was normal. Magnetic resonance imaging right shoulder (4/4/14) showed moderate rotator cuff tendinosis. The injured worker underwent right shoulder arthroscopy in September 2014. Other treatment included physical therapy and medications. In an office visit dated 12/30/14, the injured worker reported improvements in range of motion and pain to the right shoulder. Physical exam was remarkable for diminished sensation to light touch in a C6-7 dermatomal distribution, range of motion to bilateral upper extremities within normal limits with the exception of flexion and extension on the right and decreased right hand grip strength. Current diagnoses included cervical spondylosis without myelopathy, rotator cuff syndrome, closed dislocation of distal radioulnar joint of wrist. The treatment plan included eight additional sessions of physical therapy and continuing medications (Hydrocodone, Gabapentin, Naproxen and Skelaxin). On 12/23/14, Utilization Review noncertified a request for Skelaxin 800mg take one tablet three times a day by oral route with meals for 30 days qty: 90, refills 5 and modified requests for Gralise 300mg tablets extended release, take one tablet everyday by oral route for 30 days, refills: 5 to Gralise 300mg tablets extended release, take one tablet everyday by oral route for 30 days, refills: 0 and Naproxen Sodium ER 500mg take one tablet twice a day by oral route with meals for 30 days Qty: 60, refills: 5 to Naproxen Sodium ER 500mg take one tablet twice a day by oral route with meals for

30 days Qty: 60, refills: 2 citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium ER 500mg take one tablet twice a day by oral route with meals for 30 days Qty: 60, refills: 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium ER 550 mg one PO b.i.d. with meals #60 with five refills is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose the shortest period in patients with moderate or severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is an adverse affects. In this case, the injured worker's working diagnoses are cervical spondylosis, rotator cuff syndrome; lateral epicondylitis, and closed dislocation with a history of radial/ulnar joint. Subjectively, the injured worker's working diagnoses are status post right shoulder arthroscopy on September 19, 2014 at the start of postoperative physical therapy. There are no additional symptoms noted. Objectively, right hand grip strength is 4+/5. Sensation to light touch and pinprick are intact except for diminished light touch over C6 and C7 on the right side dermatome. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Naproxen sodium was started October 2, 2014 after being switched from ibuprofen. There is no clinical rationale for the change from ibuprofen to naproxen. The guidelines indicate there is no evidence to recommend one drug in this class over another based on efficacy. Consequently, absent clinical documentation with the rationale for ibuprofen to naproxen sodium ER and objective functional improvement with both nonsteroidal anti-inflammatory drugs, naproxen sodium ER 550 mg one PO BID with meals #60 with five refills is not medically necessary.

Gralise 300mg tablets extended release , take one tablet everyday by oral route for 30 days, refills: 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Gralise 300 mg ER one PO QD with meals #30 with five refills is not

medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is a first-line treatment for neuropathic pain symptoms. Gabapentin is anti-epilepsy drug (AED). In this case, the injured worker's working diagnoses are cervical spondylosis, rotator cuff syndrome; lateral epicondylitis, and closed dislocation with a history of radial/ulnar joint. Subjectively, the injured worker is status post right shoulder arthroscopy on September 19, 2014 at the start of postoperative physical therapy. There are no additional symptoms noted. Objectively, right hand grip strength is 4+/5. Sensation to light touch and pinprick are intact except for diminished light touch over C6 and C7 on the right side dermatome. Gralise was started July 8, 2014 after being switched from gabapentin. Gabapentin was discontinued because of cognitive impairment when taken during the day. However, the documentation while on Gralise does not contain objective functional improvement to gauge its efficacy. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Gralise, Gralise 300 mg ER one PO QD with meals #30 with five refills is not medically necessary.

Skelaxin 800mg take one tablet three times a day by oral route with meals for 30 days qty: 90, refills 5: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Skelaxin 800 mg 1 PO TID with meals #90 with five refills is not medically necessary. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs pain and overall improvement. In this case, the injured worker's working diagnoses are status post-right shoulder arthroscopy on September 19, 2014 at the start of postoperative physical therapy. There are no additional symptoms noted. Objectively, right hand grip strength is 4+/5. Sensation to light touch and pinprick are intact except for diminished light touch over C6 and C7 on the right side dermatome. Skelaxin was started July 8, 2014. Muscle relaxants are for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in chronic low back pain. The treating physician is clearly exceeded the recommended guidelines of short-term treatment. The documentation does not contain evidence of objective functional improvement while on Skelaxin 800 mg. Consequently, absent clinical documentation with objective functional improvement according to guideline recommendations, Skelaxin 800 mg 1 PO TID with meals #90 with five refills is not medically necessary.