

<b>Case Number:</b>	CM15-0120401		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 54-year-old female, who sustained an industrial injury on 3/31/06. She reported neck, left and right upper extremity pain. The injured worker was diagnosed as having carpal tunnel syndrome. Treatment to date has included nerve conduction study, surgical intervention, MRI, medication, physical therapy, home exercise program, cortisone injection, TENS unit and heat therapy. Currently, the injured worker complains of neck and left shoulder pain with left upper extremity numbness rated at 4/10. She reports her right shoulder pain at 3/10. The injured worker is currently diagnosed with cervical degenerative disc disease, cervical radiculitis and bilateral rotator cuff impingement, per note dated 4/8/15. Her work status is permanent and stationary. A note dated 10/2/12 states the injured worker did not experience any improvement from the steroid injection. A note dated 1/18/13 states the injured worker engaged in physical therapy, but did not experience any benefit. The nerve conduction study that was done on 1/9/13 revealed abnormal results. The MRI dated 4/17/12 revealed annular bulging at C3-C4 and C5-C6. The note dated 4/8/15 states the injured worker experiences some efficacy with medications and home exercise program. The following medications, Flexeril 10, g #30, Ativan 1 mg #30 and Gabapentin 300 mg, are being requested to continue to provide the injured worker some relief from her chronic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (Flexeril) 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2006 and continues to be treated for neck and shoulder pain and left upper extremity numbness. When seen, she was having increased pain rated at 6/10. There had been some improvement with modification of a home exercise program. Physical examination findings included decreased shoulder range of motion. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.

**Lorazepam (Ativan) 1mg #30 x 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24 Page(s): 24.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2006 and continues to be treated for neck and shoulder pain and left upper extremity numbness. When seen, she was having increased pain rated at 6/10. There had been some improvement with modification of a home exercise program. Physical examination findings included decreased shoulder range of motion. Lorazepam (Ativan) is a benzodiazepine, which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. Continued prescribing was not medically necessary.

**Gabapentin (Neurontin) 300mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), p16-18 Page(s): 16-18.

**Decision rationale:** The claimant has a remote history of a work injury occurring in March 2006 and continues to be treated for neck and shoulder pain and left upper extremity numbness. When seen, she was having increased pain rated at 6/10. There had been some improvement with modification of a home exercise program. Physical examination findings included decreased shoulder range of motion. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's Gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.