

Case Number:	CM15-0124214		
Date Assigned:	07/15/2015	Date of Injury:	12/20/2009
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

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 (IW) is a 55 year old female who sustained an industrial injury on 12/20/2009. She reported injury due to repetitive motion. The injured worker had pain in the bilateral shoulders, elbows and wrists. Current diagnosis includes: Cervical disc protrusion; Right rotator cuff tear; Right shoulder myoligamentous injury; Right shoulder sprain/strain; Left shoulder internal derangement; Left shoulder myoligamentous injury- Left lateral epicondylitis; Left ulnar nerve entrapment; Right carpal tunnel syndrome; Left carpal tunnel syndrome. Treatment to date has included MRI, x-rays, nerve conduction velocity electromyogram (NCV/EMG) and two cortisone injections. Currently, the injured worker complains of pain in neck that she rates as a 9 on a scale of 0-10, right shoulder pain at the level of 9 on a scale of 0-10, and bilateral wrist pain that is not rated. On examination of the cervical spine, there is no bruising, swelling, atrophy or lesion, and there is full range of motion. There is tenderness to palpation of the bilateral trapezial and cervical paravertebral muscles with muscle spasm. On the right shoulder, there is no bruising, swelling, atrophy or lesion, and there are slightly diminished range of motion in flexion and external rotation of the right shoulder. The anterior, lateral, and posterior shoulder has tenderness and muscle spasm. Both the left and right wrist has full range of motion with no bruising, swelling, atrophy or lesion. There is tenderness to palpation of the dorsal wrist and volar wrist on both wrists. Current medications include Naprosyn, Prilosec, Tramadol, Flexaril, and gabapentin, plus compounded topical creams of gabapentin 15%, amitriptyline 4% dextromethorphan 10%, and cyclobenzaprine 2%, Flurbiprofen 25%. The plan of treatment includes continuation of oral medications, topical creams, and a follow-up with

pain management. There is no documentation of response to these medications. A request for authorization was made for the following: 1. Flexeril 10mg #60 2. Gabapentin 300mg #60

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Gabapentin 300mg #60: Overturned

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 gabapentin Page(s): 18.

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane,

2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post-herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of carpal tunnel syndrome. Therefore, the request is medically necessary and approved.