

<b>Case Number:</b>	CM15-0173842		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old male, who sustained an industrial injury on 05-23-2013. He has reported injury to the right shoulder. The diagnoses have included right shoulder impingement, status post right shoulder surgery for rotator cuff tear; and adhesive capsulitis, right shoulder. Treatment to date has included medications, diagnostics, chiropractic therapy, injection, surgical intervention, physical therapy, and home exercise program. Medications have included Hydrocodone, Cyclobenzaprine, Meloxicam, Gabapentin, and Tizanidine. A progress report from the treating physician, dated 07-14-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of ongoing right shoulder pain; he has significant pain and stiffness in his right shoulder; he cannot raise the arm up above the shoulder level and he has constant pain in his right shoulder with evidence of popping or cracking every now and then in his right shoulder; he is doing better now with Gabapentin, which is 1200mg at night and 600mg twice a day, as well as Tizanidine 8mg at night; this is all helping him; and his Vicodin 5mg was decreased down to three a day and seems to be doing okay on this dose. Objective findings have included left shoulder normal in all ranges of motion; right shoulder ranges of motion are decreased; positive Hawkins' maneuver on examination; and he is stable on Gabapentin, Tizanidine, and Hydrocodone. The treatment plan has included the request for Gabapentin 600mg quantity: 120, taken by mouth, 1 tablet twice a day and 2 at bedtime; Tizanidine 4mg quantity: 60, taken by mouth, 2 tablets before bedtime; and Hydrocodone 5-325mg quantity: 90, taken by mouth, 1 tablet three times a day. The original utilization review, dated 08-03-2015, non-certified a request for Gabapentin 600mg quantity: 120, taken by mouth,

1 tablet twice a day and 2 at bedtime; Tizanidine 4mg quantity: 60, taken by mouth, 2 tablets before bedtime; and Hydrocodone 5-325mg quantity: 90, taken by mouth, 1 tablet three times a day.

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

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

**Gabapentin 600mg QTY: 120, taken by mouth, 1 tablet twice a day and 2 at bedtime:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The records indicate the patient has ongoing pain in the shoulder. The current request is for Gabapentin 600mg QTY: 120, taken by mouth, 1 tab twice a day and 2 @ bedtime. The attending physician report dated 7/14/15 indicates he is doing better now with Gabapentin. The CA MTUS does recommend Gabapentin for neuropathic pain (pain due to nerve damage). Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy with diabetic polyneuropathy being the most common example. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the medical records indicate the patient is suffering from chronic shoulder pain related to shoulder impingement following rotator cuff surgery. There is no documentation to indicate the patient is suffering from neuropathic pain. As such, the request is not medically necessary.

**Tizanidine 4mg QTY: 60, taken by mouth, 2 tablets before bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The records indicate the patient has ongoing pain in the shoulder. The current request is for Tizanidine 4mg QTY: 60, taken by mouth, 2 tablets before bedtime. The attending physician report dated 7/14/15 indicates he is taking Tizanidine at night and this is helping her. The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. In this case, the records do not indicate the patient has suffered an acute exacerbation of his condition

and there is also no mention of muscle spasms in the physical examination. As such, the request is not medically necessary.

**Hydrocodone 5/325mg QTY: 90, taken by mouth, 1 tablet three times a day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The records indicate the patient has ongoing pain in the shoulder. The current request is for Hydrocodone 5/325mg QTY: 90, taken by mouth, 1 tablet 3x a day. The CA MTUS Guidelines page 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or valid instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, there is no pain assessment. There is no discussion of functional improvement during activities of daily living. There are no results of urine drug screening. The MTUS guidelines require much more thorough documentation for ongoing opioid management. As such, the request is not medically necessary.