

<b>Case Number:</b>	CM15-0069860		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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

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 33 year old female, who sustained an industrial injury on 10/03/2012. Diagnoses include trigger points and right shoulder pain. Treatment to date has included diagnostics including magnetic resonance imaging (MRI), radiographic imaging and electrodiagnostic testing, surgical intervention (right shoulder, undated and right DeQuervain's release (3/04/2015), medications, splinting, acupuncture, physical therapy and injections. Per the Primary Treating Physician's Progress Report dated 4/02/2015, the injured worker reported severe shoulder pain with spasms in the trapezius area. She has tenderness in the parascapular region. Her pain is rated as 8/10. She notes that trigger point injection performed a couple of weeks ago gave her approximately 75% relief for 2 weeks. Physical examination revealed significant tenderness in the right trapezius at 2 points and around the right rhomboid at 1 point. Trigger points were noted. There was tenderness to palpation. The plan of care included medications and authorization was requested for Pericolace and Neurontin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19.

**Decision rationale:** Based on the 03/16/15 progress report provided by treating physician, the patient presents with depression, anxiety, and pain to the right shoulder, elbow and wrist/hand, with finger numbness. Per AME report dated 01/07/15, patient also has neck pain rated 6-7/10. The request is for Neurontin 300mg #30 with 2 Refills. The patient is status post back surgery for scoliosis 2008; right shoulder surgery April 2014; and DeQuervain's release 03/04/15. No RFA provided. Patient's diagnosis on 03/16/15 includes right elbow lateral epicondylitis, migraines, and possible carpal tunnel syndrome. Patient has right wrist on a brace. Treatment to date included surgeries, radiographic imaging and electrodiagnostic testing, splinting, acupuncture, physical therapy, injections and acupuncture. Patient medications included Norco, Tylenol#3, Ibuprofen, and Flexeril. The patient is permanent and stationary, maximum medical benefit 10/03/14, per AME report dated 01/07/15. The patient may return to modified duty, per 01/30/15 treater report. MTUS has the following regarding Gabapentin on pg 18, 19:  
"Gabapentin (Neurontin, Gabarone, generic available) 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." UR letter dated 04/07/15 has modified the request to "Neurontin 300 milligrams #30 refill 0," and states "...there is no documentation of significant pain improvement, change in VAS score, or objective measures of functional improvement." However, provided medical records show that there is a change in work status from "permanent and stationary" to "modified duty," which indicates significant functional improvement. Per 03/16/15 progress report, treater requests Neurontin for "chronic pain and difficulty sleeping due to pain." It appears patient is being initiated on this medication, as there is no prior mention of Neurontin. The patient continues with pain and neuropathic symptoms, and there is documented change in work status. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Pericolace #60 with 2 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Constipation Page(s): 77.

**Decision rationale:** Based on the 03/16/15 progress report provided by treating physician, the patient presents with depression, anxiety, and pain to the right shoulder, elbow and wrist/hand. The request is for Pericolace #60 with 2 Refills. The patient is status post back surgery for scoliosis 2008; right shoulder surgery April 2014; and DeQuervain's release 03/04/15. No RFA provided. Patient's diagnosis on 03/16/15 includes right elbow lateral epicondylitis, migraines, and possible carpal tunnel syndrome. Patient has right wrist on a brace. Treatment to date included surgeries, radiographic imaging and electrodiagnostic testing, splinting, acupuncture,

physical therapy, injections and acupuncture. Patient medications included Norco, Tylenol#3, Ibuprofen, and Flexeril. The patient is permanent and stationary, maximum medical benefit 10/03/14, per AME report dated 01/07/15. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." UR letter dated 04/07/15 has modified the request to "Pericolace #60 refill 0." Provided medical records show that there is a change in work status from "permanent and stationary" to "modified duty," which indicates significant functional improvement. Per 03/16/15 progress report, treater requests Pericolace for constipation. The patient is currently on opioid therapy, and MTUS recognizes constipation as a common side effect of chronic opiate use. Therefore, the request for Pericolace is medically necessary.