

<b>Case Number:</b>	CM15-0076491		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	02/26/2014
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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, 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 is a 51 year old female, who sustained an industrial injury on 2/26/2014. Diagnoses have included right shoulder rotator cuff syndrome, sprain right shoulder/arm, right medial epicondylitis and right shoulder tendinitis. Treatment to date has included right shoulder surgery and medication. According to the progress report dated 2/11/2015, the injured worker complained of aching, burning pain to the right shoulder. She reported that one week post-op she was doing dishes and felt a pop sensation in the right shoulder followed by significant burning and pain. She rated her pain as 8/10 with medications. The injured worker was wearing an arm sling and had pain with any movement. Authorization was requested for Percocet and Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75 - 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic Page(s): 75-78.

**Decision rationale:** The claimant has chronic right shoulder pain following surgery on 01/22/2015. The request is for ongoing use of Percocet for chronic pain. On 04/08/2015 the patient was seen complaining of increased shoulder pain despite the Percocet. The CA MTUS states that ongoing use of opiates requires review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should also be detailed as well as the "4 A's." In this case there is lack of adequate pain assessment and no evidence of increase in function with use of the Percocet, especially given that the patient's right upper extremity is immobilized in a sling. Therefore this request is not medically necessary.

**Gabapentin 100 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16 - 18.

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

**Decision rationale:** The request is for Neurontin, an antiepilepsy drug recommended for neuropathic pain. MTUS states that Neurontin is effective for diabetic neuropathy pain and post-herpetic neuralgia. It is a first-line agent for neuropathic pain. In this case there is no evidence that this medication is providing objective measurable therapeutic benefit, particularly in view of worsening pain in her shoulder while taking the medication. In addition there is lack of evidence that the patient has neuropathic pain. Thus this request is not medically necessary at this time.