

<b>Case Number:</b>	CM15-0078859		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	11/03/2011
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 53 year old female, who sustained an industrial injury on November 3, 2011. The injury occurred when the injured worker slammed down her hand on a desk and experienced right shoulder pain. The injured worker has been treated for neck, back and right upper extremity complaints. The diagnoses have included right shoulder and upper extremity strain, right shoulder impingement syndrome, cervical pain, cervical radiculopathy, cervical facet syndrome and low back pain. Treatment to date has included medications, radiological studies, a transcutaneous electrical nerve stimulation unit, physical therapy, acupuncture therapy, massage therapy, trigger point injections, medial branch blocks and a home exercise program. Current documentation dated January 15, 2015 notes that the injured worker reported neck and right upper extremity pain. The pain was rated a three out of ten on the visual analogue scale with medications. The injured worker noted that the medications were working well for the pain and her activity level had increased. Examination of the cervical spine revealed tenderness with tight muscle bands were noted on the right side. Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. A trigger point with radiating pain and twitch response on palpation was noted in the trapezius muscles bilaterally. Range of motion was noted to be painful and restricted. Right shoulder examination also revealed a painful and restricted range of motion. A Hawkin's test, lift-off test and empty can test were positive. The treating physician's plan of care included a request for the medications Gabapentin 100 mg # 60 with one refill, Protonix 20 mg # 30 with one refill and Motrin 800 mg # 60 with one refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100 mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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." "There is no clear evidence that the patient has a neuropathic pain. Furthermore, there is no controlled studies or evidence that Gabapentin is effective in shoulder and neck pain. Therefore, the prescription of Gabapentin 100 mg #60 with 1 refill is not medically necessary.

**Protonix 20 mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. Therefore the prescription of Protonix 20 mg #30 with 1 refill is not medically necessary.

**Motrin 800 mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**Decision rationale:** According to MTUS guidelines, Motrin is indicated for relief of pain related to osteoarthritis neck and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Motrin was requested. There is no documentation of an acute/subacute inflammatory process. Therefore, the prescription of Motrin 800 mg #60 with 1 refill is not medically necessary.