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| Case Number: | CM13-0051195 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 09/11/2011 |
| Decision Date: | 03/12/2014 | UR Denial Date: | 10/02/2013 |
| Priority: | Standard | Application Received: | 11/14/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 64 year old male who reported an injury on 09/11/2011. The mechanism of injury information was not provided in the medical record. A review of the medical record revealed that the patient's diagnoses include ICD-9 code 840.6 and ICD-9 code 719.41. The most recent clinical note dated 08/12/2013 reported that the patient stated that he was feeling a little better; however, he still complained of pain to his right shoulder, which he rated at a 6/10 on the VAS. Objective findings upon examination revealed posterior and anterior tenderness and decreased strength in internal rotation and external rotation in the right shoulder. There was mention of an x-ray that was taken of the right shoulder and right humerus which showed impingement signs; however, the mentioned x-rays were not provided in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyotin SR Capsules (Gabapentin) 250mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available)..

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

Decision rationale: Per the California MTUS Guidelines, it is stated that anti-epilepsy medications are recommended for neuropathic pain and have been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia. The requested medication is considered a first-line treatment for neuropathic pain. The patient's diagnoses consist of muscle or tendon sprain and arthritis, neither of which are neurological deficits. Although there is mention of an x-ray which shows positive impingement, that radiograph was not provided in the medical records. There was no objective documentation provided in the medical record of the patient exhibiting any signs of neurological deficits. The decreased strength with internal rotation and posterior and anterior tenderness can be attributed to the diagnosis of muscle and tendon sprain or arthritis. As such, the medical necessity for the requested medication cannot be determined at this time, and the request for Dyotin SR capsules (gabapentin) 250 mg is non-certified.