

Case Number:	CM14-0002596		
Date Assigned:	03/03/2014	Date of Injury:	06/29/2012
Decision Date:	06/30/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/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 injured worker is a 64-year-old female who reported an injury on 06/30/2012. The mechanism of injury was not stated. Current diagnoses include shoulder impingement, shoulder strain, bicipital tenosynovitis, cervicobrachial syndrome, rotator cuff syndrome with bursitis, and frozen shoulder. The injured worker was evaluated on 11/25/2013. The injured worker reported increased pain in the neck and left upper extremity. Physical examination revealed crepitus in the left shoulder, tenderness to palpation of the left shoulder, tenderness at the trapezius and AC joint, limited cervical range of motion, diminished strength, and decreased sensation in the lateral left upper arm and left 5th digit. Treatment recommendations at that time included authorization for a TENS unit and a prescription for gabapentin 300 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based trial may be considered as a non-invasive conservative option. There should be evidence that other appropriate pain modalities have been tried and failed. As per the documentation submitted, the injured worker reported improvement in symptoms with the previous use of a TENS unit. However, there was no documentation of how often the unit was used as well as outcomes in terms of pain relief and function. Therefore, the current request cannot be determined as medically appropriate.

GABAPENTIN 300MG #90: Upheld

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

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

Decision rationale: California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. 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. As per the documentation submitted, the injured worker does report increased pain in the neck with radiation into the left upper extremity. The injured worker does demonstrate painful range of motion, weakness, and decreased sensation. However, there is no frequency listed in the current request. Therefore, the request is not medically appropriate.