

Case Number:	CM14-0015854		
Date Assigned:	03/05/2014	Date of Injury:	12/03/2012
Decision Date:	11/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational Medicine, 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:

Injured worker is a female with date of injury 12/3/2012. Per primary treating physician's progress report dated 1/22/2014, the injured worker complains of right shoulder pain. She states that her right shoulder feels about the same as it was before her functional capacity evaluation. She complains of aching pain with a burning sensation on and off and limited range of motion, but seems to be improving a tad. On examination she has stiffness, weakness and limited range of motion to the right shoulder. She states her pain level is 4/10. Diagnoses include 1) rotator cuff strain 2) pain in joint, shoulder region.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW DOS: 11/07/2013 FOR PHARMACY PURCHASE OF DYOTIN COMPOUND 250MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-19.

Decision rationale: Dyotin contains gabapentin. The MTUS Guidelines recommend gabapentin as first-line therapy for painful polyneuropathy. It is also recommended for postherpetic

neuralgia, central pain, peripheral neuropathy, spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. The injured worker is not reported to have neuropathic pain. Benefit from the use of this medication in terms of pain reduction or functional improvement is not reported. Side effects from the use of this medication are not reported. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request For Retrospective Review Dos: 11/07/2013 For Pharmacy Purchase of Dyotin Compound 250mg #120 is determined to not be medically necessary.