

Case Number:	CM14-0114804		
Date Assigned:	08/04/2014	Date of Injury:	08/30/2010
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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 and Rehabilitation 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 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 40 year old male who reported an injury on 08/30/2010. His diagnoses' were noted to be frozen shoulder on the right, status post manipulation and lysis of adhesion. Prior treatments were noted to be injections, medications, and use of a transcutaneous electrical nerve stimulation unit. The injured worker had diagnostics including an MRI of the cervical spine. The injured worker was noted to have subjective complaints of persistent pain in the right elbow and right shoulder. Pain was described as a shooting pain, a level 10/10 on the pain scale. The objective physical exam findings indicated no acute distress. Medications were noted to be Gabapentin and Ultracet. The treatment plan is for medications and home exercise to maintain range of motion. The provider's rationale was provided within the documentation. A Request for Authorization form was not provided with the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18.

Decision rationale: The MTUS Chronic Pain Guidelines note that relief of pain with the use of medications is generally temporary. Measures of the lasting benefit from this modality should include evaluating the effective pain relief in relationship to improvements in function and increased activity. The MTUS Chronic Pain Guidelines note that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The documentation submitted for review fails to indicate an objective assessment for neuropathic pathology. In addition, the provider's request fails to provide a dose, frequency and quantity. As such, the request is not medically necessary and appropriate.