

<b>Case Number:</b>	CM14-0175426		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Geriatrics and is licensed to practice in New York. 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 51 years old man with a date of injury of 12/12/13. He was seen by his primary treating physician on 9/15/14 with complaints of left shoulder pain with radiation to his left elbow, arm, wrist and hand/fingers. He reported that medications, therapy and acupuncture helped to decrease the pain temporarily and he could do more activities of daily living. His exam showed intact sensation to the left upper extremity with tenderness to palpation of the left acromioclavicular joint, left bicipital groove and biceps muscle. He had negative shoulder and elbow orthopedic tests. He had reduced left shoulder range of motion. His diagnoses included left shoulder/biceps sprain/strain and osteoarthopathy of acromioclavicular joint. At issue in this review is the request for gabapentin. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg, QTY: 60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

**Decision rationale:** This worker has chronic left shoulder and arm pain with an injury sustained in 2013. 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. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any significant improvement in pain or functional status specifically related to gabapentin or discussion of side effects to justify ongoing use. The medical necessity for gabapentin is not substantiated.