

Case Number:	CM14-0036307		
Date Assigned:	06/25/2014	Date of Injury:	02/11/2008
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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 Internal Medicine and is licensed to practice in Washington D.C and Virginia. 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:

This is a 51 year old female patient who sustained injury on February 11, 2008. She had issues with neck pain, bilateral shoulder pain, lower back pain, and bilateral knee pain. She underwent right knee arthroscopy by [REDACTED] on September 11, 2008 and had an MRI of the right shoulder on February 18, 2009. She had a left shoulder MRI on April 2, 2009 which showed glenohumeral osteoarthritis, rotator cuff tendinosis, biceps tendinosis, and a superior labral tear. She was seen by [REDACTED] on October 8, 2009 and found to have a right rotator cuff impingement, which lead to cortisone and lidocaine injections of the right shoulder. She was seen by [REDACTED] on February 18, 2013 and was started on Gabapentin and Anaprox. She was seen again by [REDACTED] on May 23, 2013 and diagnosed with bilateral rotator cuff impingement, bilateral glenohumeral osteoarthritis, and right knee osteoarthritis and pain syndrome. She was instructed to use Naprosyn and ice. [REDACTED] recommended shoulder arthroscopy in his note on July 1, 2013. [REDACTED] noted that the patient had shoulder strain and knee derangement on November 7, 2013 and prescribed: Anaprox, Norco, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Gabapentin 1200mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: The patient was found to have multiple pain complaints related to osteoarthritis. Gabapentin is an anti-epilepsy drug used to treat neuropathy, post herpetic neuralgia and diabetic neuropathy. It would not be indicated for this patient and is therefore, not medically necessary.