

Case Number:	CM14-0048791		
Date Assigned:	07/07/2014	Date of Injury:	04/19/2013
Decision Date:	08/28/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/17/2014

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:

The patient is a 45-year-old female, who has submitted a claim for pain in joint shoulder associated with an industrial injury date of April 19, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of bilateral shoulder pain. Physical examination of the shoulders showed tenderness of the acromioclavicular joint bilaterally. Hawkins test is positive. Impingement sign to empty can testing is positive, bilaterally. Active forward flexion was at 160 degrees, with abduction at 120 degrees and internal rotation brings her thumb to L4-L5 bilaterally. Treatment to date has included gabapentin, nabumetone, pantoprazole, hydrocone, Relafen, tylenol and acupuncture. Utilization review from March 31, 2014 denied the request for Gabapentin 600mg #60 Sig (1) HS Quantity: 60 however, reason for denial was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60 Sig (1) HS Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16,19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: As stated on page 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the patient has been on Gabapentin since October 2013 for pain relief. Progress note dated January 2014 stated that the patient reported pain relief with the use of Gabapentin; however, there was no noted functional improvement or progress in her activities of daily living. Likewise, the patient complained of having reflux secondary to Gabapentin. Therefore, the request for Gabapentin 600mg #60 Sig (1) HS Quantity: 60 is not medically necessary.