

<b>Case Number:</b>	CM14-0078514		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/01/2005
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Emergency Medicine, 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 patient is a 60-year-old female who was injured on September 1, 2005. The patient continued to experience pain in the right side of her neck and shoulder. Physical examination was notable for tenderness over the right cervical paraspinous muscles and right shoulder muscles, allodynia over the right shoulder, hyperesthesia over the ulnar aspect of the right forearm, and intact motor strength. Diagnoses included rotator cuff/impingement syndrome of the right shoulder, cervical spondylosis, myofascial pain, adhesive capsulitis of the right shoulder, and complex regional syndrome of the right shoulder. Treatment included medications, acupuncture, surgery, and trigger point injections. Request for authorization for Gabapentin POW 100% for 20 days was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Gabapentin POW 100% 20 day supply DOS 04.21.14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112.

**Decision rationale:** Gabapentin POW is Gabapentin powder used as a topical preparation. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Gabapentin is not recommended. There is no peer-reviewed literature to support use. The request is not medically necessary.