

Case Number:	CM14-0092536		
Date Assigned:	07/25/2014	Date of Injury:	03/05/2013
Decision Date:	09/12/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/18/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, shoulder, and hand pain reportedly associated with an industrial injury of March 5, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; unspecified amounts of chiropractic manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for gabapentin on the grounds that the applicant had failed to profit through the same. The overall UR report was extremely lengthy and difficult to follow, somewhat on the order of 10 to 15 pages. The applicant's attorney subsequently appealed. In a June 4, 2013 progress note, the applicant presented with persistent complaints of shoulder, elbow, and neck pain. A shoulder surgery consultation, electrodiagnostic testing, and a TENS unit were sought. The applicant's work status was not furnished. The remainder of the file was surveyed. The majority of the file comprised of historical Utilization Review Reports. Many of the progress notes provided were handwritten, difficult to follow, and not entirely legible. On July 18, 2013, the applicant presented with persistent complaints of 6/10 shoulder pain, with no paresthesias. The applicant was asked to continue Flexeril, Neurontin, naproxen, Prilosec, tramadol, Norco, and topical compounds. The applicant's work status was not furnished. On August 15, 2013, the applicant was again asked to continue Norco, Flexeril, Neurontin, naproxen, omeprazole, tramadol, and unspecified topical creams for 6-7/10 low back and shoulder pain without any numbness, tingling, or paresthesias about either the arms or the legs. On September 13, 2013, the applicant was again described as having 3-6/10 low back and shoulder pain without any paresthesias or radiating pain. The applicant was placed off of work, on total temporary disability. The applicant was asked to continue Flexeril, Neurontin, naproxen, Prilosec, tramadol, and Norco.

Acupuncture and physical therapy were also endorsed. On February 21, 2014, the applicant was again asked to continue Neurontin, naproxen, Prilosec, Norco, Zestril, metformin, a gabapentin containing cream, and oral ketoprofen while remaining off of work, on total temporary disability, following shoulder surgery. On April 4, 2014, the applicant was again asked to continue a variety of medications, including gabapentin, while remaining off of work, on total temporary disability. 6-8/10 shoulder pain without any associated paresthesias or radiating pain was appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic, Gabapentin section Page(s): 49,19.

Decision rationale: While page 49 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend gabapentin as a first-line treatment for neuropathic pain, in this case, however, there is no seeming evidence of neuropathic pain. The applicant is consistently described as denying any radiating pain, paresthesias, numbness, or tingling about either arm or either leg. Rather, the applicant continues to report mechanical, axial shoulder, and low back pain as opposed to neuropathic pain for which gabapentin would be indicated. It is further noted that page 19 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants already on gabapentin should be asked "at each visit" as to whether there have been improvements in pain or function with the same. In this case, however, there have been no such improvements in pain and/or function documented with ongoing gabapentin usage. The applicant is off of work, on total temporary disability, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of gabapentin, as does the applicant's continued dependence on opioid agents such as Norco as well as various unspecified topical compounded creams. Accordingly, the request for Gabapentin is not medically necessary.