

Case Number:	CM14-0189264		
Date Assigned:	01/06/2015	Date of Injury:	04/12/2011
Decision Date:	02/17/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/13/2014

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 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 injured worker is a 52-year-old with a date of injury April 12, 2011 to the right shoulder/arm, back (psyche) and May 29, 2012 right shoulder, back (psyche). On April 12, 2011 the injured worker sustained injury to her upper back. She was seen at US Health Works. She underwent an MRI of the right shoulder and had some physical therapy, acupuncture, the subsequent MRI of the thoracic spine, chiropractic therapy, and consultation with a spine surgeon. In mid-2012 the worker requested a return to work at her regular duties. While lifting a voltage meter, she felt pain in her right shoulder and was referred to an orthopedist, shoulder specialist. Shoulder MRI was ordered that was reportedly normal. It was recommended to have acupuncture therapy and chiropractic therapy (second time). In May 2013 she underwent electrodiagnostic studies. EMG/NCV showed a C5 radiculopathy. As of September 2014 she complains of persistent pain in the right shoulder, scapular and into scapula area, left rib cage and the tips of her fingers. The injured worker's working diagnoses remain status post right shoulder arthroscopic surgery, with acceptable results; status post arthroscopic labral repair, with acceptable results; thoracic disc disease 27 - 28 (by history) and lumbar disc disease, without true focal evidence of radiculopathy. Her current medications are Tramadol, Neurontin and some creams which have not helped. The treating physician requested gabapentin compound powder quantity 360 g for 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Compound Powder Quantity: 360 for 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin compound powder quantity 360g for 30 day supply is not medically necessary. Topical analgesics are largely experimental and use with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Gabapentin is not recommended. In this case, the injured worker's working diagnoses are status post right shoulder arthroscopic surgery, with acceptable results; status post arthroscopic labral repair, with acceptable results; thoracic disc disease T7 - T8; and lumbar disc disease without radiculopathy. Gabapentin (topical) is not recommended. Any compounded product that contains at least one drug (gabapentin) that is not recommended is not recommended. Consequently, Gabapentin compound powder quantity 360g for 30 day supply is not recommended and, therefore, not medically necessary.