

<b>Case Number:</b>	CM14-0194389		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	06/30/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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:

This 63 year old female sustained a work related injury on 06/30/2008. The mechanism of injury was not made known. According to the electrodiagnostic evaluation dated 07/14/2014, the injured worker complained of pain and tingling in the arm and loss of strength. She reported swelling in her wrist and weakness in her long finger. Electrodiagnostic studies revealed evidence for a right median mononeuropathy at the wrist. It was characterized by sensory and motor slowing and amplitude loss. The median motor study showed more advance abnormalities compared to the sensory studies. The impression was consistent with a moderate, bordering moderately severe right carpal tunnel syndrome and normal studies of the right ulnar nerve at both Guyon's canal and cubital tunnel. As of an office visit dated 10/06/2014, the injured worker complained of chronic neck and right shoulder pain and stiffness, with additional complaints of intermittent pain, numbness and tingling at the right wrist and hand. Medication regimen included Naprosyn 500 mg twice a day, Neurontin 300mg twice a day, Zantac 150 mg twice a day, Colace 100 mg at bedtime and Dyazide. According to the provider, the injured worker benefited from a sample of Celebrex previously which she did not seem to note gastric upset with. The injured worker is status post right shoulder arthroscopy with rotator cuff repair, subacromial decompression and Mumford procedure with superior labral debridement on 09/30/2011. Objective findings included diffuse tenderness about the right shoulder with positive impingement signs, positive supraspinatus motor testing, and positive cross adduction testing on the right. Testing was negative on the left. Forward flexion and abduction in the right shoulder was 100 degrees. Range of motion in the left shoulder was within normal limits. There was some slight tenderness to palpation noted at the right lateral epicondyle. Tinel's testing was slightly positive at the right cubital tunnel. Testing was negative at the left elbow. The injured worker had positive Tinel's, Phalen's and Finkelstein's testing at the right wrist. Testing was

negative on the left. There was tenderness to palpation at the lower cervical spine and throughout the right cervical paraspinal region, with spasm noted in the right lower cervical paraspinal region extending into the right trapezius. Spurling maneuver was negative bilaterally. Range of motion in the cervical spine was within normal limits in all planes. Deep tendon reflexes in the upper extremities were 2+/4 and symmetrical bilaterally. Motor testing of the right shoulder was limited due to pain and guarding. Otherwise, motor testing in the upper extremities was 5/5 in all major muscle groups. Sensation to light touch and proprioception was grossly intact in the upper extremities. Assessment included chronic cervicalgia, residual right shoulder impingement syndrome with adhesive capsulitis, status post right shoulder arthroscopy with rotator cuff debridement, subacromial decompression, Mumford procedure and superior labral debridement, mild right lateral epicondylitis and right cubital tunnel syndrome per exam, right carpal tunnel syndrome moderate per electrodiagnostic studies and right de Quervain's tenosynovitis per exam. Plan of care included request for follow up regarding carpal tunnel syndrome, continue current medication and return for follow up in one month. According to the provider the injured worker was previously considered by another provider as permanent and stationary with an impairment rating of 48 percent and no indication for apportionment. Restrictions included no lifting more than 15 pounds and no lifting above shoulder level, with limited pushing and pulling and avoidance of any stress positions of the neck. On 11/08/2014 Utilization Review non-certified Neurontin 300 mg #60 that was requested on 10/31/2014. According to the Utilization Review physician, MTUS guidelines state that gabapentin (Neurontin) is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There was no evidence that the medication was being used to treat neuropathic pain. The pattern of use of medications was unclear, including when she takes them and the level of pain relief she receives, how long it lasts or the objective measurable or function benefit she receives from it. This decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Neurontin 300 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Neurontin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin 300 mg #60 is not medically necessary. Neurontin (Gabapentin) is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). In this case, the injured worker is 63 years old with a date of injury June 30, 2008. Neurontin was prescribed for the cervical spine, right shoulder and

right wrist. She is status post arthroscopic right shoulder surgery with rotator cuff repair, subacromial decompression and Mumford procedure superior labral debridement from September 2011. She was diagnosed with chronic cervicalgia and residual right shoulder impingement syndrome with adhesive capsulitis, status post-surgery. She also has mild right lateral epicondylitis and right cubital tunnel syndrome. Neurontin is recommended for some neuropathic pain conditions. The documentation does not support the presence of neuropathic pain. Consequently, an ongoing program including the use of gabapentin has not been clearly demonstrated under these clinical facts. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Neurontin 300 mg #60 is not medically necessary.