

Case Number:	CM14-0200780		
Date Assigned:	12/11/2014	Date of Injury:	04/11/2003
Decision Date:	01/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional spine 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 53 year old male with an injury date of 04/11/03. Based on the 10/24/14 progress report, the patient complains of bilateral shoulder pain. The patient has numbness in the left upper extremity and the lower extremities. The patient has cramping in the lower extremity as well. The patient is having difficulty sleeping at night and headache. The pain rate is at 0-3/10 with pain medication and at 8/10 without pain medications. The patient is working full duty which includes up to 100 pounds and often repetitive overhead work, and ability to golf. There is mildly positive impingement sign on the right side. The patient has some tenderness at the acromioclavicular joint bilaterally. The current medications are Hydrocodone (Norco), Gabapentin, and Ibuprofen. The patient states that Norco allows him to remain functional, and working full duty. The diagnoses are: 1. Bilateral shoulder pain 2. History of right shoulder replacement 3. Status post arthroscopy of shoulder. The treater is going to start the patient on Gabapentin to help with neuropathic pain. Based on the 09/19/14 report, the patient reports increased radicular symptoms and numbness and aching in the buttocks and low back. The patient has full range of motion of the bilateral shoulders. The pain level is at 2-3/10 with medications and at 7-8/10 without pain medications. The medications are Ibuprofen and Norco. The treating physician is requesting GABAPENTIN 600mg #90 per 10/24/14 report. The utilization review determination being challenged is dated 11/04/14. The requesting physician provided treatment reports from 01/25/13-10/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Gabapentin 600 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. There is limited evidence to show that this medication is effective for postoperative pain. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage." Per 10/24/14, the treater wants to start the patient on Gabapentin to help with neuropathic pain. However, this patient does not present with neuropathic pain. The patient has musculoskeletal shoulder pain. The treater does not describe any symptoms or exam findings that would suggest neuropathic pain. The request is not medically necessary.