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| <b>Case Number:</b>   | CM15-0102883 |                              |            |
| <b>Date Assigned:</b> | 06/05/2015   | <b>Date of Injury:</b>       | 12/03/2013 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/28/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 59 year old female who sustained an industrial injury on 12/3/13. The injured worker was diagnosed as having right shoulder strain/rotator cuff tendinitis, right wrist sprain/de Quervain's tenosynovitis, lumbar spine musculoligamentous sprain/strain, right knee sprain/patellofemoral arthralgia and right Achilles tendinitis. Currently, the injured worker was with complaints of right shoulder discomfort. Previous treatments included physical therapy and medication management. Previous diagnostic studies included a magnetic resonance imaging and ultrasound revealing right shoulder impingement. Physical examination was notable for tenderness to palpation over the periscapular region, trapezius muscles, subacromial region, supraspinatus tendon and acromioclavicular joint with positive impingement test. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. The treating physician does not document change in pain or function. As such, without any evidence of neuropathic type pain, the request for Neurontin 300mg #90 is not medically necessary.