

Case Number:	CM15-0109809		
Date Assigned:	06/16/2015	Date of Injury:	09/05/2001
Decision Date:	07/17/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/08/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 77-year-old male sustained an industrial injury to the neck and right shoulder on 9/5/01. Previous treatment included right shoulder acromioplasty, physical therapy and medications. Magnetic resonance imaging cervical spine (11/13/12) showed disc narrowing with osteophytes and disc protrusion. Magnetic resonance imaging right shoulder (11/13/12) showed a superior labral anterior posterior repair lesion and irregularity of the supraspinatus tendon without a rotator cuff tear. In a PR-2 dated 5/5/15, the injured worker complained of worsening pain to the right shoulder and right upper extremity due to not receiving his medications. The injured worker rated his pain 8/10 on the visual analog scale without medications and 3-4/10 with medications. Physical exam was remarkable for diffuse pain around the rotator cuff and along the biceps tendon and brachioradialis muscle with decreased right shoulder range of motion and positive Neer's and Hawkin's tests. Current diagnoses included status post surgery for impingement syndrome, superior labral anterior posterior repair lesion right shoulder, right shoulder rotator cuff tendonitis, chronic pain, and cervical spine degenerative disc disease and right upper extremity weakness. The treatment plan included refilling Gabapentin and adding Meloxicam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: 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 (AEDs) - Gabapentin Page(s): 18-19.

Decision rationale: Based on the 05/05/15 progress report provided by treating physician, the patient presents with pain to the right shoulder and right upper extremity, rated 3-4/10 with and 8/10 without medications. The patient is status post right shoulder surgery 12/12/01, and knee replacement on unspecified date. The request is for GABAPENTIN 300MG. RFA with the request was not provided. Patient's diagnosis on 05/05/15 included SLAP lesion of the right shoulder, right shoulder rotator cuff tendonitis, chronic pain, degenerative disc disease of the cervical spine, and weakness of the right upper extremity. Physical exam to the right shoulder on 05/05/15 was remarkable for diffuse pain around the rotator cuff and along the biceps tendon and brachioradialis muscle with decreased right shoulder range of motion and positive Neer's and Hawkin's tests. Treatment to date included surgery, imaging studies, physical therapy and medications. Patient's medications include Gabapentin, Celebrex, Omeprazole, Bupropion, Hydrochloride, Levothyroxine, Hydrochlorothiazide, Metoprolol, Glipizide, Bumetanide, Simvastatin, Stool softener and Vitamin D. MTUS has the following regarding Gabapentin on pg 18,19: "Gabapentin (Neurontin, Gabarone, generic available) 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." Gabapentin has been included in patient's medications, per progress reports dated 02/20/14 and 02/03/15. It is not known when Gabapentin was initiated. Treater has not provided medical rationale for the request. Per 05/05/15 report treater states, "medications allow [the patient] more functionality." Given patient's symptoms and diagnosis, continuing the requested medication would appear to be indicated. However, treater also states in 05/05/15 progress report that "the patient had a reaction to Gabapentin. It has caused somnolence during the day. It interferes with his driving." This request to continue Gabapentin cannot be warranted due to documented adverse effect of the medication. Therefore, the request IS NOT medically necessary.