MAXIMUS Federal Services

Case Number:	CM15-0139615		
Date Assigned:	07/30/2015	Date of Injury:	12/20/2013
Decision Date:	09/02/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 is a 36 year old female patient, who sustained an industrial injury on 12-20-2013. The diagnoses have included disorders of bursae and tendons in shoulder and other joint derangement, not elsewhere classified, shoulder region. Per the doctor's note dated 6/12/15, she had complaints of right shoulder pain. The physical examination revealed tenderness and decreased range of motion of the right shoulder, decreased sensation and 4/5 strength in the right upper extremity. Per the doctor's note dated 06-19-2015 he had complaints of right shoulder pain that radiates to right upper arm, and increased pain with range of motion. The physical examination revealed tenderness over the right upper anterior shoulder and tenderness over biceps tendon; decreased range of motion of the right shoulder. Per the doctor's note dated 07- 17-2015 he had complaints of increased right shoulder pain since morning. The physical examination revealed tenderness over the anterior shoulder and painful range of motion. The medications list includes deprizine, dicopanol, fanatrex, synapryn, tabradol and topical analgesic creams. She has had right shoulder MRI dated 2/17/2015 which revealed mild tendinosis of the rotator cuff, minimal bony erosion of the cortex of the humerus; right shoulder MRI dated 2/3/2014.Treatment to date has included physical therapy, medication, and home exercise program. The provider requested Fanatrex (Gabapentin) 25mg/mL oral suspension 420mL at another provider visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex (Gabapentin) 25mg/mL oral suspension 420mL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) pages 18-19.

Decision rationale: Q-- Fanatrex (Gabapentin) 25mg/ml oral suspension 420mlFanatrex contains Gabapentin in oral suspension form. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines Gabapentin (Neurontin) 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. Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. The rationale for prescribing the medication in suspension form is not specified in the records provided. Inability to take the tablet form of the medication is not specified in the records provided. The medical necessity of Fanatrex (Gabapentin) 25mg/ml oral suspension 420mL is not fully established for this patient at this time.