

Case Number:	CM15-0141363		
Date Assigned:	07/31/2015	Date of Injury:	03/04/2009
Decision Date:	09/03/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/21/2015

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 58-year-old male patient who sustained an industrial injury dated 03-04-2009. The diagnoses include thoracic-lumbosacral neuritis-radiculitis unspecified; pain in shoulder joint; degenerative lumbar-lumbosacral intervertebral disc; sacroiliitis not elsewhere classified; primary localized osteoarthritis of shoulder region and unspecified myalgia and myositis. Per a progress note dated 05-14-2015, he had complaints of right shoulder pain and lower back pain with radiation into right lower extremity with numbness in his right foot. He rated shoulder pain at its least a 5 out of 10 with medications and a 10 out of 10 at worse without medications. He rated low back pain at its least a 9 out of 10 with medications and a 10 out of 10 at worse without medications. The physical examination revealed lumbar spine - bilateral sacroiliac (SI) joint tenderness to palpitation, severe tenderness over L1-L4 lumbar spine processes and interspaces, moderate tenderness over facet joints, tightness, stiffness, trigger points and spasms; limited range of motion, positive straight leg raising test bilaterally, decreased sensation at L2 and L3 dermatomes; right shoulder- tenderness, limited range of motion, tightness and trigger points. The medications list includes gabadone, theramine, percocet, neurontin, fexmid, protonix and topical analgesic creams. He has undergone right shoulder surgery in 2012, lumbar ESI in 9/2013, lumbar medial branch nerve radiofrequency ablation in 9/2014, carpal tunnel surgery, bunionectomy, heel spur surgery and left shoulder surgery. He has had right shoulder MRI dated 1/24/2013; EMG/NCS dated 10/2/2014; lumbar MRI dated 4/17/2015. He has had right shoulder injection and psychiatry evaluation for this injury. Treatment plan consisted of medication management. The treating physician prescribed retrospective Gabapentin 600 mg, ninety count, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Gabapentin 600 mg, ninety count: Overturned

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

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

Decision rationale: RETRO Gabapentin 600 mg, ninety count. 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) According to the records provided patient had right shoulder and low back pain with radiation to the right extremity with numbness in to the right foot. He has significant objective findings on the physical examination - tenderness, limited range of motion of the lumbar spine and right shoulder; positive straight leg raising test bilaterally, decreased sensation at L2 and L3 dermatomes. This is objective evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for RETRO Gabapentin 600 mg, ninety count is medically appropriate and necessary for this patient.