

Case Number:	CM15-0145272		
Date Assigned:	08/06/2015	Date of Injury:	07/18/2012
Decision Date:	09/02/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, 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:

The injured worker is a 62 year old female who sustained an industrial/work injury on 7-18-12. She reported an initial complaint of left shoulder pain. The injured worker was diagnosed as having fracture of left proximal humerus and rotator cuff tear and adhesive capsulitis. Treatment to date includes medication, surgery (rotator cuff repair 7-18-12), physical therapy, shoulder injection, diagnostics. MRI results of the cervical spine, left shoulder were reported on 4-23-15. Currently, the injured worker complained of neck and low back pain accompanied by migraine. Per the primary physician's report (PR-2) on 5-18-15, exam noted weakness to left upper extremity, decreased range of motion to the left shoulder to the left shoulder on abduction forward flexion and extension, tenderness in the trapezii at the scapular border and at the lumbar paraspinals, positive impingement signs in the left shoulder. The requested treatments include Gabapentin 300mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, 1 by mouth every night at bedtime, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.