

Case Number:	CM15-0148344		
Date Assigned:	08/11/2015	Date of Injury:	08/24/2014
Decision Date:	09/08/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/30/2015

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: Emergency 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 52 year old female, who sustained an industrial injury on 8-24-2014. The mechanism of injury is unknown. The injured worker was diagnosed as having right shoulder labral tear. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-9-2015, the injured worker complains of pain and stiffness in the right shoulder, rated 8-9 out of 10. Physical examination showed decreased right shoulder range of motion and tenderness. The treating physician is requesting Gabapentin powder #360 and Pentoxifylline.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin powder #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18.

Decision rationale: The requested Gabapentin powder #360 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage", and "Outcome: A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction." The injured worker has pain and stiffness in the right shoulder, rated 8-9 out of 10. Physical examination showed decreased right shoulder range of motion and tenderness. The treating physician has not documented radicular, neuropathic pain symptoms, or physical exam evidence of radiculopathy. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gabapentin powder #360 is not medically necessary.

Pentoxifylline powder #360: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3308412>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a685027.html>.

Decision rationale: The requested Pentoxifylline powder #360 is not medically necessary. CA MTUS and ODG are silent on this issue. <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a685027.html> notes that this medication is used to improve vascular circulation. The injured worker has pain and stiffness in the right shoulder, rated 8-9 out of 10. Physical examination showed decreased right shoulder range of motion and tenderness. The treating physician has not documented radicular, neuropathic pain symptoms, or physical exam evidence of radiculopathy. The treating physician has not documented the presence of claudication. The criteria noted above not having been met, Pentoxifylline powder #360 is not medically necessary.