

Case Number:	CM15-0164312		
Date Assigned:	09/01/2015	Date of Injury:	11/21/2011
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old female, who sustained an industrial injury on 11-21-2011. Diagnoses include left shoulder impingement, cervical sprain-strain, lumbar sprain-strain, and right wrist carpal tunnel syndrome. Treatment to date has included diagnostics, medications, physical therapy, chiropractic manipulation and injections. Per the handwritten Primary Treating Physician's Progress Report dated 4-17-2015, the injured worker reported continued bilateral shoulder pain with pain and numbness in the bilateral hands. Physical examination revealed bilateral upper extremity tenderness to the forearms and wrists and over the first extensors. There was positive Phalen's and Tinel's bilaterally at the wrists. There was left greater than right shoulder tenderness. The plan of care included diagnostics and injections. Authorization was requested for left sacroiliac joint block, Ultracet 37.5-325mg #60, Omeprazole 20mg #60, Gabapentin 300mg #60 and pain management follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: Per the guidelines, gabapentin 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The request for gabapentin is not medically necessary or substantiated in the records.