

Case Number:	CM15-0169033		
Date Assigned:	09/09/2015	Date of Injury:	11/03/2011
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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: North Carolina
 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 65 year old female, who sustained an industrial injury on 11-3-11. Initial complaint was of her left shoulder. The injured worker was diagnosed as having rotator cuff (capsule) tear; rotator cuff tendinopathy; thoracic sprain-strain; scapular dysfunction; cervical sprain strain neck. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-22-15 indicated the injured worker reports his pain level is a 5 out of 10 for the left shoulder. He reports an 80% improvement in the left shoulder pain after a one month status post subacromial decompression. The provider documents his current medications as Tramadol 50mg (1-3 x daily), Lidopro cream, Ibuprofen is noted as helpful for pain. Her GI symptoms have decreased with Omeprazole 20mg daily. He also notes that she is unable to fill her recent prescription for Tramadol (2-2) due to denial. She is currently not working. On physical examination, the provider documents bilateral shoulders are with diffuse tenderness at the deltoid, bicipital groove, trapezius and periscapular muscles. Her range of motion is limited in elevation, abduction, internal and external rotation. His treatment plan for the injured worker is to continue with the current medications and start Gabapentin 100mg 1 twice a day and begin to wean Tramadol. He dispensed to the injured worker Lidopro cream, Gabapentin and Omeprazole 20mg. he notes she is not interested in surgery and will be managed conservatively going forward. A Request for Authorization is dated 8-11-15. A Utilization Review letter is dated 8-4-15 and non-certification was for Gabapentin 100mg #60. The provider is requesting authorization of Gabapentin 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post-herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of radiculopathy. Therefore, the request is medically necessary.