

Case Number:	CM15-0184185		
Date Assigned:	09/24/2015	Date of Injury:	04/29/2012
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/18/2015

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: Physical Medicine & Rehabilitation

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 54 year old female with a date of injury of April 29, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, and status post right shoulder arthroscopic subacromial decompression with residual adhesive capsulitis. Medical records dated June 10, 2015 indicate that the injured worker complains of right shoulder pain rated at a level of 8 out of 10 and cervical pain rated at a level of 6 out of 10. A progress note dated July 17, 2015 notes subjective complaints of significant neck pain with pain radiating into the right upper extremity with occasional numbness and tingling of the right hand, and significant limitation of the range of motion of the right shoulder. Per the treating physician (July 17, 2015), the employee has work restrictions that include no repetitive cervical rotation, flexion-extension activities, or use of the right arm for at or above the shoulder level activities. The physical exam dated June 10, 2015 reveals tenderness of the anterior aspect of the right shoulder and the right acromioclavicular joint, decreased range of motion of the right shoulder, swelling of the right shoulder, and atrophy of the right deltoid musculature. The progress note dated July 17, 2015 documented a physical examination that showed diffuse tenderness in the posterior cervical musculature, decreased range of motion of the cervical spine, and decreased range of motion of the right shoulder. Treatment has included an unknown number of acupuncture treatments, extracorporeal shock wave therapy, transcutaneous electrical nerve stimulator unit, and medications (Tramadol ER 100mg two tablets each day since April of 2015; Naproxen Sodium 550mg three times a day, and Cyclobenzaprine 7.5mg three times a day as needed since at least March of 2015; Documentation (May 13, 2015) of a "Successful trial of topical non-steroidal anti-inflammatory drugs that facilitated improved range of motion of the right shoulder and decreased pain". The urine drug testing result dated April 24, 2015 was negative for all medications tested. The original utilization review (September 1, 2015) non-certified a request for Gabapentin 6% 300 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 6% 300gm with 3 refills; apply 3gm, 3 times a day-4 times a day: Upheld

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): Anti-epilepsy drugs (AEDs).

Decision rationale: Although Neurontin (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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury nor identified any contraindication to oral medications requiring topical formulation. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury in terms of increased ADLs and work status, decreased pharmacological dosing and medical utilization for this chronic 2012 injury. Previous treatment with topical Gabapentin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 6% 300gm with 3 refills; apply 3gm, 3 times a day-4 times a day is not medically necessary and appropriate.