

<b>Case Number:</b>	CM15-0184233		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	10/15/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic shoulder and arm pain reportedly associated with an industrial injury of October 15, 2010. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for gabapentin. The claims administrator did, however, approve request for Percocet and Duragesic. A July 29, 2015 office visit was referenced in the determination, along with an RFA form dated August 12, 2015. The claims administrator contended that the applicant did not have neuropathic pain complaints for which Neurontin (gabapentin) would have been indicated. The applicant's attorney subsequently appealed. A survey of the file and claims administrator's medical evidence log, however, suggested the most recent note on file was dated May 11, 2015; thus, the neither the July 29, 2015 office visit nor the August 12, 2015 RFA form which the claims administrator based its decision upon were seemingly incorporated into IMR packet. On April 1, 2015, the applicant reported ongoing complaints of shoulder pain, 8+/10. The applicant reported difficulty lifting and carrying secondary to ongoing pain complaints. The applicant's medication list, at this point, included Percocet, Neurontin, Celebrex, Flexeril, and Duragesic. The applicant did report a burning sensation from the shoulder to the ribcage. The note was difficult to follow and mingled historical issues with current issues. The applicant was asked to consider a total shoulder replacement while remaining off of work, on total temporary disability.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 300mg PO Q 12 HS #60:** 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:** No, the request for gabapentin, an anticonvulsant adjuvant medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, a historical progress note of April 1, 2015 suggested that the applicant had severe, 8+/10 pain complaints, despite ongoing gabapentin usage. The applicant was placed off of work, on total temporary disability, on that date. Little seeming discussion of medication efficacy transpired. Ongoing usage of gabapentin (Neurontin) failed to curtail to the applicant's benefit from an opioid agent such as Percocet and Duragesic. While it is acknowledged that the July 29, 2015 office visit and August 12, 2015 RFA form which the claims administrator based its decision upon were not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiate the request and, moreover, strongly suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.