

Case Number:	CM15-0184462		
Date Assigned:	09/24/2015	Date of Injury:	11/16/2010
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on November 16, 2010, incurring right shoulder and neck injuries. She was diagnosed with a rotator cuff tear, internal derangement of the right shoulder, subacromial bursitis, brachial neuritis and cervical spondylosis. Treatment included anti-inflammatory drugs, muscle relaxants, joint injections, physical therapy and home exercise program, surgical interventions, neuropathic medications, topical analgesic cream and gels, and activity restrictions. Medicated gels and patches, muscle relaxants and physical therapy were eventually denied. Currently, the injured worker complained of worsening cervical pain with progressive numbness and tingling in the right upper extremity. She developed gastrointestinal upset due to the use of some medications. The pain radiated down both upper extremities and into the hands and fingers. She was noted to have increased muscle spasms in the cervical region. Continued chronic pain decreased her ability to function and do activities of daily living. She developed anxiety and depression secondary to chronic pain and limited functional mobility. The treatment plan that was requested for authorization on September 18, 2015, included a prescription for Gabapentin 600mg dispensed on August 26, 2015, and a Psychiatrist consultation. On September 2, 2015, a decision was made to approve Gabapentin 600mg #30 and deny the remaining Gabapentin mg #60; and a request for a psychiatrist consultation was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin 600 mg dispensed on 8/26/2015: 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Antiepilepsy drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Gabapentin 600 mg dispense August 26, 2015 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis NOS; other specified disorders of bursa and tendons shoulder region; right rotator cuff repair; cervical spondylosis without disc; spasmodic muscles; depressive disorder; gastroesophageal reflux: chronic pain and nausea. Date of injury is November 16, 2010. Request for authorization is August 26, 2015. According to an August 26, 2015 progress note, the injured worker presents for an appeal of a cervical spine MRI. Subjectively, the injured worker complains of pain in the right upper extremity and bilateral extremities for one year. There are no subjective complaints of depression or anxiety. There is no psychiatric past medical history. There is no family history of any psychiatric issues document. The injured worker has been taking gabapentin long-term. According to a progress note dated March 16, 2015, the treating provider prescribed gabapentin 600 mg PO TID. This is a progress note date. The start date is not specified. There is no documentation demonstrating objective functional improvement to support ongoing gabapentin. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation demonstrating objective functional improvement to support ongoing gabapentin, retrospective Gabapentin 600 mg dispense August 26, 2015 is not medically necessary.

Psychiatrist consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation.

Decision rationale: Pursuant to the ACOEM, Psychiatrist consult is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a

healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnoses are brachial neuritis or radiculitis NOS; other specified disorders of bursa and tendons shoulder region; right rotator cuff repair; cervical spondylosis without dialogue the; spasmodic muscles; depressive disorder; gastroesophageal reflux: chronic pain and nausea. Date of injury is November 16, 2010. Request for authorization is August 26, 2015. According to an August 26, 2015 progress note, the injured worker presents for an appeal of a cervical spine MRI. Subjectively, the injured worker complains of pain in the right upper extremity and bilateral extremities for one year. There are no subjective complaints of depression or anxiety. There is no psychiatric past medical history. There is no family history of any psychiatric issues document. The injured worker has been taking gabapentin long-term. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation reflecting a psychiatric history, depression or anxiety, Psychiatrist consult is not medically necessary.