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| Case Number: | CM15-0184856 | | |
| Date Assigned: | 09/25/2015 | Date of Injury: | 04/09/2013 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/21/2015 |

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: California

Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on April 09, 2013. The injured worker was diagnosed as having right shoulder impingement syndrome, severe possible rotator cuff tendon tear, residual right lateral epicondylitis, and residual right carpal tunnel syndrome. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the right elbow, arthrogram of the right shoulder, nerve conduction study, acupuncture, and status post surgery to the right elbow and wrist on March 03, 2014. In a progress note dated August 27, 2015 the treating physician reports complaints of pain to the right shoulder and sharp pain to the right wrist to the volar and palm region along with nocturnal pain, paresthesia to the right thumb and index fingers, and the injured worker dropping items in the right hand. Examination performed on August 27,2015 was revealing for pain with Tinell's and Phalen's testing on the right wrist, decreased sensation to the right thumb, tenderness to the acromioclavicular, positive Hawkin's and crossover testing to the right shoulder, and decreased range of motion to the right shoulder with pain. On August 27,2015 the progress note did not contain the injured worker's current medication regimen, but the documentation provided noted the prescriptions for Tramadol ER since at least January of 2015, along with the prescriptions for Meloxicam and Gabapentin since at least July 2015. The progress note from August 27, 2015 did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. On August 27, 2015 the treating physician requested the medication of Gabapentin 300mg with a quantity of 30, but the f progress note did not indicate the specific reason for the requested medication. On September 14, 2015 the Utilization Review determined the request for Gabapentin

300mg with a quantity of 30 to be non-approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: 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 rationale: Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Patient has potential compressive median neuropathy from prior electrodiagnostic testing. Pt has been on this medication chronically and there is no documentation of actual benefit, or any attempt to assess benefit documented. There is no documentation of any objective improvement with only some vague reports of subjective improvement. The poor documentation does not support this request. Gabapentin is not medically necessary.