

Case Number:	CM15-0186355		
Date Assigned:	09/28/2015	Date of Injury:	12/22/2003
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/22/2015

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 40 year old female with a date of injury 12-22-03. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder and bilateral wrist pain. Progress report dated 7-23-15 reports ongoing complaints of right shoulder pain and weakness that gets worse with overhead activities. She also has complaints of pain in both wrists with clicking and catching. Upon exam, right shoulder reveals shoulder contours are equally bilaterally, there was no swelling, atrophy, asymmetry or bruising present. Treatments include: medication, physical therapy, chiropractic treatment, occupational therapy, cubital and carpal tunnel release. Request for authorization dated 8-14-15 was made for gabapentin 600 mg, quantity 50. Utilization review dated 8-25-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #50: 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: 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 2003 injury. 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 functional status, decreased pharmacological dosing and medical utilization for this chronic injury. Previous treatment with Gabapentin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600mg #50 is not medically necessary and appropriate.