

Case Number:	CM15-0188105		
Date Assigned:	09/30/2015	Date of Injury:	09/05/2001
Decision Date:	11/09/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 77 year old male, who sustained an industrial injury on 09-05-2001. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for superior labral tear from anterior to posterior lesion to right shoulder, right shoulder rotator cuff tendonitis, and degenerative disc disease of the cervical spine. Treatment and diagnostics to date has included shoulder surgery and medications. Current medications include Gabapentin and Meloxicam. After review of progress notes dated 08-04-2015 and 09-01-2015, the injured worker reported pain in his right shoulder rated 7 out of 10 without medications and 3 out of 10 with medications. Objective findings included pain around rotator cuff, biceps tendon, and brachioradialis muscle and decreased range of motion to right shoulder. The request for authorization dated 09-01-2015 requested Gabapentin 300mg and Meloxicam 15mg. The Utilization Review with a decision date of 09-10-2015 modified the request for Gabapentin 300mg #90 to Gabapentin 300mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: 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: The claimant has a remote history of a work injury occurring in September 2001 and continues to be treated for right shoulder pain. His injury occurred while lifting crates weighing approximately 50 pounds. He had right shoulder surgery in December 2001. In August 2015 he was taking gabapentin at a dose of 600 mg. He was having somnolence during the day and it was interfering with driving. When seen, medications were decreasing pain from 7/10 to 3/10. He was having persistent right shoulder pain. Physical examination findings included a body mass index over 37. There was diffuse rotator cuff tenderness. He had decreased shoulder range of motion. He had pain over the biceps tendon and brachioradialis muscle and diffusely around the rotator cuff. Gabapentin was prescribed for shoulder impingement. The dose was now 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is less than that recommended and he had side effects at a dose of 600 mg per day. It is being prescribed for shoulder impingement rather than neuropathic pain. It is not considered medically necessary.