

<b>Case Number:</b>	CM15-0189076		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/24/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: New York, Tennessee

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 42 year old male who sustained an industrial injury on 01-24-2008. According to a progress report dated 06-23-2015, the injured worker was seen for neck and shoulder pain. He had been seen in surgical consultation and recommendations included a cortisone injection for the right shoulder. However, he wanted to speak with his primary care physician to possibly increase his Metformin prior to the injection since he was diabetic. He reported pain in the left buttock and leg. Past medical history included depression and sleep disturbance. There were no abnormalities documented in the physical exam. Current medications included Pantoprazole, Voltaren 1% gel, Nabumetone, Cymbalta, Gabapentin and Methadone. Diagnoses included pain in joint shoulder and status post left shoulder arthroscopy in May 2008. MRI of the right shoulder performed on 02-21-2013 suggested a possible tear of the posterior superior labrum and evidence of subacromial and subdeltoid bursitis and mild ac joint arthritis. The injured worker reported that Methadone decreased pain from a 9-10 on a scale of 1-10 down to a 6. Prescriptions included Methadone, Pantoprazole, Cymbalta and Gabapentin. Methadone was changed to 10 mg tablets from 5 mg tablets. The injured worker was permanent and stationary with permanent disability. According to a report dated 08-26-2015, the provider noted that the injured worker called the office to request a refill of his medications and that the injured worker had been compliant with the use of medications. Prescriptions included Gabapentin 600 mg 2 tablets per day quantity 30 with 3 refills. Documentation shows use of Gabapentin dating back to February 2015. On 09-08-2015, Utilization Review modified the request for Gabapentin 600 mg quantity 60 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 mg Qty 60 with 3 refills:** 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 is an anti-epileptic medication. 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 and has FDA approval for treatment of post-herpetic neuralgia. Gabapentin appears to be effective in reducing abnormal hypersensitivity, to have anti-anxiety effects, and may be beneficial as a sleep aid. Gabapentin has a favorable side-effect profile, few clinically significant drug-drug interactions and is generally well tolerated; however, common side effects include dizziness, somnolence, confusion, ataxia, peripheral edema, dry mouth, and weight gain. It has been recommended for the treatment of pain from spinal cord injury, fibromyalgia, lumbar spinal stenosis, and chronic regional pain syndrome. Recommended trial period is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. If inadequate control of pain is found, a switch to another first-line drug is recommended. In this case the patient has been using Gabapentin since at least January 2015. There is no documentation of that the patient has achieved adequate control of the pain. Switch to another first-line drug is recommended. The request should not be authorized. Therefore, the requested treatment is not medically necessary.