

Case Number:	CM15-0189128		
Date Assigned:	10/01/2015	Date of Injury:	10/27/2000
Decision Date:	11/09/2015	UR Denial Date:	09/20/2015
Priority:	Standard	Application Received:	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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 70 year old female, who sustained an industrial injury on 10-27-2000. The injured worker was being treated for degenerative cervical disc disease, bilateral rotator cuff syndrome, myofascial pain syndrome, and carpal tunnel syndrome. Treatment to date has included diagnostics, right shoulder surgery 2010, trigger point injections, and medications. Currently (9-02-2015), the injured worker complains of neck pain with radiation to the upper extremities, rated 9 out of 10 (7 out of 10 on 6-16-2015), and stated that she was "unchanged". She was tolerating her medications and requested trigger point injections. Exam revealed discrete tender trigger points over her neck and posterior shoulders, with muscle twitch points. Motor and sensation were intact. She appeared less depressed. Medications included Gabapentin, Norco, Ibuprofen, and Lidoderm patches. A progress report (2-11-2015) noted that she was prescribed Gabapentin 600mg four times daily for her peripheral neuropathy, noting that Lidoderm patches were not approved. She was documented at maximum medical improvement. The treatment plan included prescription for continued Gabapentin 600mg, non-certified by Utilization Review on 9-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg: 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 600mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that after initiation of antiepileptics such as Gabapentin treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The documentation indicates that the patient has been on Gabapentin without any significant evidence of functional improvement on the documentation submitted. Furthermore, this request does not specify a quantity. Therefore the request for continued Gabapentin is not medically necessary.