

Case Number:	CM15-0190723		
Date Assigned:	10/06/2015	Date of Injury:	11/06/2001
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/28/2015

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, Hawaii
 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:

The injured worker is a 70 year old female, who sustained an industrial-work injury on 11-6-01. She reported initial complaints of left knee and right shoulder pain. The injured worker was diagnosed as having post traumatic arthritis of left knee and rotator cuff tear on right shoulder. Treatment to date has included medication, physical therapy, Synvisc injections, surgery (right shoulder arthroscopic subacromial decompression), and diagnostics. Currently, the injured worker complains of worsening left knee pain rated 7-8 out of 10 and shoulder pain rated 7-8 out of 10. Current medication includes Tylenol Extra Strength, Motrin 800 mg, and Prevacid 15 mg. Per the primary physician's progress report (PR-2) on 7-7-15, exam noted the right shoulder had positive impingement sign but good rotator cuff strength and range of motion was well retained, neurocirculation is intact. Last Synvisc injection was 9 months ago that kept the pain level down in the knee. The Request for Authorization requested service to include Gabapentin 300 mg QTY 90.00. The Utilization Review on 9-22-15 denied the request for Gabapentin 300 mg QTY 90.00, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg Qty 90.00: Overturned

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: The patient presents with diagnoses as post right shoulder arthroscopic subacromial decompression (undated), rotator cuff tear on the right shoulder and early post-traumatic arthritis of the left knee. The patient's recent complaints are referable to the left knee and right shoulder. The current request is for Gabapentin 300 mg Qty 90.00. Gabapentin (Neurontin, Gabarone, generic available) 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. The treating physician states in the treating report dated 7/6/15 (39B), "Recommendations: Neurontin 300 mg po qhs x 1 wk, then bid x 1 wk, then tid #90, RX #13167, prescription given to patient to hand carry to pharmacy." MTUS Guidelines state, "Gabapentin is an anti-epilepsy drug (AEDs, also referred to as anti-convulsants), which 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." In this case, the clinical records provided note the patient suffers from "numbness/tingling R UE" as well as "widespread pain that varies in location and severity." Thus, the clinical history provided documents evidence via subjective and/or objective findings of neurological complaints or symptoms. Therefore the current request is medically consistent with MTUS Guidelines. The current request is medically necessary.