MAXIMUS Federal Services

Case Number:	CM15-0191236		
Date Assigned:	10/05/2015	Date of Injury:	02/28/2012
Decision Date:	11/12/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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 Jersey, New York
Certification(s)/Specialty: Family Practice

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 50 year old female who sustained an industrial injury on 2-28-12. Medical records indicate that the injured worker is being treated for right shoulder pain overuse syndrome. She currently (8-11-15) has left shoulder pain. On physical exam of the left shoulder there was decreased range of motion, weakness of the left triceps and biceps with popping and catching on Hawkin's maneuver. The physical exams from 5-2015 through 8-11-15 were unchanged. A urine toxicology screen was done 8-11-15 and was consistent with prescribed medications. She had had diagnostics that included an MR arthrogram of the left shoulder showing an old superior labrum anterior on posterior tear. She was treated with surgery, status post superior labrum anterior on posterior tear; physical therapy for the left shoulder; medications: tizanidine, omeprazole, cyclobenzaprine: gabapentin is a new medication prescribed 8-11-15. The request for authorization dated 8-26-15 was for gabapentin 300mg #60. On 9-2-15 Utilization review non-certified the request for gabapentin 300mg #60 and was modified to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 MG #60: 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 request is medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. The patient was diagnosed with neuropathic pain of upper extremities and had decreased pain with medications. The patient was able to sleep through the night with use of Gabapentin. One of the long term goals was to keep patient off opioids. Therefore, I agree with the continued use of Gabapentin.