

Case Number:	CM15-0192117		
Date Assigned:	10/06/2015	Date of Injury:	07/23/2007
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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
 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 63 year old male, who sustained an industrial injury on 7-23-07. He reported pain in the back and bilateral upper extremities. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having lumbosacral neuritis or radiculitis, rule out lumbar spine disc displacement, and cubital tunnel syndrome or left ulnar nerve entrapment. Treatment to date has included arthroscopic left shoulder rotator cuff repair on 3-29-11, open left rotator cuff repair on 10-23-12, right carpal tunnel release on 10-3-13, left carpal tunnel release on 9-4-14, physical therapy, a home exercise program, 2 Cortisone injections, and medication including Gabapentin. The injured worker had been taking Gabapentin since at least May 2014. On 6-6-15, the injured worker complained of pain in the back and bilateral wrists with occasional right leg pain and numbness. The treating physician requested authorization for Gabapentin 300mg #90. On 9-1-15 the request was non-certified.

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, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents with low back pain with right leg "sciatica." Left shoulder pain and weakness. Bilateral hand pain, right greater than left. The request is for GABAPENTIN 300MG #90. The request for authorization is not provided. The patient is status post left rotator cuff repair, 03/29/11 and 10/23/12. Status post right carpal tunnel release, 10/03/13, and left carpal tunnel release, 09/04/14. NCS of the upper extremity, 05/05/15, shows moderate left median neuropathy at wrist; moderate right median neuropathy at wrist; left ulnar nerve conduction within normal limits; abnormal ulnar motor nerve conduction across right wrist. Patient's diagnoses include chronic lumbar sprain/strain and mild impingement syndrome of left shoulder. Physical examination reveals tenderness of the lumbar paraspinal muscles to gentle palpation. Range of motion is decreased. Exam of left shoulder reveals a 6 cm surgical scar along the lateral aspect and arthroscopy scars. Mild weakness in all planes. Exam of bilateral wrist/hand reveals a 2 cm surgical scar in each palm. Sensory loss in the right ring finger palmar aspect. Per AME report dated 05/05/15, the patient is not working. MTUS Guidelines, Gabapentin section on pg 18, 19 states, "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." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Gabapentin on 05/06/14. The patient continues with back, shoulder, and hand pain. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, treater has not discussed and documented pain relief or functional improvement with specific examples with use of Gabapentin. Therefore, the request IS NOT medically necessary.