

Case Number:	CM15-0195372		
Date Assigned:	10/09/2015	Date of Injury:	09/13/2006
Decision Date:	11/19/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California

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 44 year old male, who sustained an industrial injury on 9-13-2006. The injured worker is undergoing treatment for: left rotator cuff syndrome, myofascial pain syndrome of neck and left upper extremity. On 9-15-15, he reported neck and left upper extremity pain rated 8 out of 10, and indicated it was unchanged. He requested trigger point injections. Physical examination revealed the left shoulder with surgical scars, tender trigger points in the neck, posterior shoulders with the left being greater than the right, and left shoulder with good range of motion. There is no discussion of the efficacy of Neurontin, or of pain reduction. The treatment and diagnostic testing to date has included: trigger point injections (7-29-15 and 9-15-15), CURES (date unclear), medications, and stretching exercises, urine drug screen (7-29-15) reported as consistent. Medications have included: Neurontin, Norco, Flexeril, Lidoderm patches. The records indicate he has been utilizing Neurontin since at least March 2015, possibly longer. Current work status: unclear. The request for authorization is for: Gabapentin 300mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Gabapentin 300mg, #90 for neuropathic pain: 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: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.