

<b>Case Number:</b>	CM15-0200160		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Preventive Medicine, Occupational 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 53-year-old female who sustained an industrial injury on 3-6-2013. Diagnoses have included right and left carpal tunnel syndrome, cervical muscle spasm and radiculopathy, right and left shoulder bursitis and impingement syndrome, right and left cubital tunnel syndrome and lateral epicondylitis. Documented treatment for the left wrist includes carpal tunnel release, physical therapy, ultrasound, activity modification, NSAIDS, and it is noted that shockwave therapy was used in the past, but for the right shoulder. On 9-17-2015 the injured worker presented with constant, moderate, achy left wrist pain. Upon examination, the physician noted positive carpal compression, Tinel's, Phalen's, and tenderness with palpation of the volar wrist. The treating physician's plan of care includes a request for authorization on 9-17-2015 for 3 extracorporeal shockwave therapy visits for the left wrist, and Gabapentin #60 dispensed on 9-17-2015. It is noted that Gabapentin has been part of the treatment plan since at least the beginning of 2015. These requests were denied on 9-25-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extracorporeal Shockwave Therapy, three visits for the left wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.aetna.com/cpb/medical/data/600\\_699/0649.html](http://www.aetna.com/cpb/medical/data/600_699/0649.html), Extracorporeal Shock-wave Therapy for Musculoskeletal Indications and Soft Tissue injuries.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, and Wrist & Hand Chapter/Shock Wave Therapy Section.

**Decision rationale:** The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the wrist. The ODG does not recommend the use of shock wave therapy as the available evidence does not support the effectiveness of ultrasound or shock wave for treating wrist pain. The request for extracorporeal shockwave therapy, three visits for the left wrist is determined to not be medically necessary.

**Retrospective Gabapentin 600mg QTY 60 DOS: 9/17/2015:** 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 MTUS Guidelines recommend the use of antiepilepsy drugs for neuropathic pain. Most randomized controlled trials for the use of antiepilepsy drugs for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy, with polyneuropathy being the most common example. There are few RCTs directed at central pain, and none for painful radiculopathy. A good response to the use of antiepilepsy drugs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response to this magnitude may be the trigger for switching to a different first line agent, or combination therapy if treatment with a single drug fails. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of antiepilepsy drugs depends on improved outcomes versus tolerability of adverse effects. Gabapentin 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, there is a lack of objective documentation of pain relief and functional improvements with prior use of this medication, therefore, the request for retrospective Gabapentin 600mg QTY 60 DOS: 9/17/2015 is determined to not be medically necessary.