

<b>Case Number:</b>	CM15-0203625		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	09/13/2011
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 54 year old female, who sustained an industrial injury on 09-13-2011. The injured worker is currently temporarily totally disabled. Medical records indicated that the injured worker is undergoing treatment for postoperative right shoulder repair, left shoulder compensatory strain, cervical spine myoligamentous injury rule out herniated nucleus pulposus, and left elbow compensatory strain. Treatment and diagnostics to date has included physical therapy, right shoulder surgery, and medications. Recent medications have included Norco, Prilosec, and Anaprox DS. Subjective data (06-17-2015 and 08-26-2015), included neck and left shoulder pain. Objective findings (08-26-2015) included tenderness to palpation to cervical spine and left shoulder with decreased range of motion. The request for authorization dated 09-25-2015 requested Gabapentin 600mg twice daily #60, Carafate, Reglan 10mg every 8 hours #90, and Losartan. The Utilization Review with a decision date of 10-12-2015 non-certified the request for Gabapentin 600mg #60 and Reglan 10mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg, #60: 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. Gabapentin is not medically necessary.

**Reglan 10mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, (Chronic) Antiemetics (for opioid nausea) 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 116 and Other Medical Treatment Guidelines FDA.Gov site on Reglan- indications for use.

**Decision rationale:** According to the referenced source, Reglan is intended for nausea, gastrointestinal disorders related to motility and heartburn. The medication is not referenced in the ACOEM/MUS guidelines. In this case, the symptoms and the justification for Reglan use was not substantiated. There was only mention of constipation and gastritis in remote sections of the diagnoses as in July 2015 progress notes. Failure of other medications options such as PPI was not noted. The use of Reglan is not justified and not medically necessary.