MAXIMUS Federal Services

Case Number:	CM15-0208475		
Date Assigned:	10/27/2015	Date of Injury:	01/12/2010
Decision Date:	12/14/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/22/2015

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: 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 67 year old female who sustained an industrial injury on 1-12-10. A review of the medical records indicates she is undergoing treatment for cervicalgia, disorder of the bursa of the shoulder region, and lateral epicondylitis. Medical records (6-12-15, 9-17-15) indicate ongoing complaints of neck, left upper extremity, and left shoulder pain. The treating provider indicates that the injured worker was taking Nortriptyline for neuropathic pain, but discontinued it, as it was no longer effective and she did not want to continue to take oral medications. The treating provider indicates that she had not tried Gabapentin to that point (6-12-15). The physical exam (9-17-15) reveals a depressed and flat affect. Her gait and posture is noted to be "normal". Pain behaviors are noted to be "within expected context of disease". Treatment has included physical therapy, acupuncture, a home exercise program, psychological counseling, and medications. Her medications include Alendronate, Gabapentin, Metformin, Naprosyn, Omeprazole, Simvastatin, Ultracin, and Vitamin D2. Although the treating provider indicates on 6-12-15 that the injured worker had not tried Gabapentin, the records indicate that she was receiving it as of 4-17-15. The records do not indicate her work status. The utilization review (9-25-15) includes a request for authorization of Gabapentin 300mg, 1 capsule three times daily #90 with 2 refills. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #90 with 2 refills: 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, Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants are recommended for neuropathic pain (pain due to nerve damage). However, in this case, the injured worker is undergoing treatment for cervicalgia, disorder of the bursa of the shoulder region, and lateral epicondylitis. The medical records do not establish neuropathic pain to support utilization of an anti-epileptic agent such as gabapentin. The request for Gabapentin 300mg, #90 with 2 refills is therefore not medically necessary and appropriate.