

Case Number:	CM15-0209761		
Date Assigned:	10/28/2015	Date of Injury:	09/30/2014
Decision Date:	12/16/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/26/2015

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, Hawaii
 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 60 year old female who sustained an industrial injury on 9-30-14. A review of the medical records indicates she is undergoing treatment for long-term use of medications, degeneration of the lumbar and lumbosacral disc, pain in shoulder joint, sprain and strain of sacrotuberous, bronchitis and asthmas, chronic obstructive pulmonary disease, hypertension, history of L4-L5 fusion in 2001, right shoulder rotator cuff repair in 2007, sacroiliac joint fusion in 2014, and bilateral carpal tunnel syndrome. Medical records (6-30-15, 7-31-15, 8-31-15, 9-9-15, and 9-28-15) indicate ongoing complaints of low back pain that radiates to the right lower extremity, right shoulder pain, and bilateral wrist pain, affecting the right wrist greater than the left. The records (6-30-15) indicate complaints of numbness in the right lower extremity with prolonged sitting. The 8-31-15 record indicates that she is "benefiting" from Gabapentin's anti-neuropathic effect. The 9-28-15 record indicates that medications decrease her pain "by at least 50%". The physical exam (9-28-15) reveals positive Tinel's sign in the bilateral "right greater than left" wrists over the median nerve. Tenderness is noted over the right rotator cuff anteriorly. The treating provider indicates that flexion and abduction "are near full but painful at end range". Positive impingement sign is noted of the right shoulder with limited internal range of motion "to approximately 60 degrees". Palpation of the sacroiliac joint on the right is "tender". Her gait is noted to be "slightly antalgic". Diagnostic studies have included A CT scan of the pelvis, bilateral lower extremity EMG-NCV - showing L5-S1 radiculopathy, and an MRI of the right shoulder. Treatment has included physical therapy,

acupuncture, and medications. She is not working. Her medications include Gabapentin, Naproxen, Pantoprazole, Tramadol-APAP, Albuterol, Combivent, Cyclobenzaprine, Lisinopril-Hydrochlorothiazide, Multivitamins, Naprosyn, Oxycodone, OxyContin, Protonix, Qvar, and Simvastatin. She has been receiving Gabapentin since, at least, 9-30-14. The utilization review (10-14-15) includes a request for authorization of Gabapentin 600mg, 2 tabs at bedtime and 1 tab in the morning #120. 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 600mg 2 tabs at HS 1 in the morning #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

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

Decision rationale: The records indicate the patient has persistent pain and weakness in the right shoulder. There is also a report of pain traveling toward the neck. The patient also has low back pain localized near the right SI joint. The current request for consideration is Gabapentin 600mg 2 tabs at HS 1 in the morning #120. The attending physician report does not specifically discuss the rationale for Gabapentin. The MTUS has this to say regarding anti-epilepsy drugs: Recommended for neuropathic pain (pain due to nerve damage. There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. Painful polyneuropathy: AEDs are recommended on a trial basis (gabapentin/pregabalin) as a first-line therapy for painful polyneuropathy (with diabetic polyneuropathy being the most common example). In this case, the patient has been diagnosed with superior glenoid labrum lesion of the right shoulder, complete rotator cuff tear, or complete rupture of the right shoulder not specified as traumatic and right shoulder pain. A recent EMG indicates remote L5/S1 radiculopathy. The notes state the patient has low back pain with right leg radiculopathy. The MTUS guidelines support the usage of Gabapentin for the treatment of radicular pain. As such, the request is appropriate and medically necessary.