

Case Number:	CM15-0025716		
Date Assigned:	02/18/2015	Date of Injury:	12/04/2013
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/10/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 was a 53 year old female, who sustained an industrial injury, November 22, 2013. According to progress note of November 6, 2014, injured workers chief complaint was neck pain, left shoulder pain, left upper arm pain, left elbow pain, left forearm pain and left wrist/hand pain. The physical exam noted tenderness to the paraspinal musculature. Inspection revealed normal lordosis. The injured worker would like to proceed with left rotator cuff repair. The injured worker had failed conservative treatment of pain medication and physical therapy. The injured worker was diagnosed with left shoulder rotator cuff tear, cervical radiculopathy and C3-C6 disc herniations. The injured worker previously received the following treatments laboratory studies, MRI of the left shoulder and MRI of the cervical spine. The primary treating physician requested authorization for Fanatrex 25mg/ml oral suspension 420ml take 1 teaspoon three times daily #1. On January 13, 2015, the Utilization Review denied authorization for Fanatrex 25mg/ml oral suspension 420ml; take 1 teaspoon three times daily #1. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fanatrex 250mg/ml oral suspension 420 ml # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The requested Fanatrex is Gabapentin. MTUS guidelines note that this medication is effective against painful diabetic neuropathy and post herpetic neuralgia; neither condition is present in this patient. The patient would like to proceed with rotator cuff tear repair and perhaps the result of that surgery will clarify if the shoulder condition is completely from the rotator cuff tear or is partly from a radiculopathy. There was no objective documentation of a radiculopathy with electrodiagnostic testing. Fanatrex is not medically necessary.