MAXIMUS Federal Services

Case Number:	CM15-0221298		
Date Assigned:	11/16/2015	Date of Injury:	07/10/2014
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: 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 55 year old female, who sustained an industrial injury on 7-10-2014. The injured worker was diagnosed as having shoulder joint pain, shoulder impingement, bursitis, and cervical strain. Treatment to date has included diagnostics, massage, transcutaneous electrical nerve stimulation unit, and medications. On 10-22-2015, the injured worker complains of right shoulder pain, rated 3-4 out of 10 (rated 6 out of 10 on 9-16-2015) with current medication regimen. Pain radiated to the right side of her neck and upper back. She also reported getting weekly massage, which helped significantly. Exam noted full cervical range of motion, mild tenderness to palpation of the paraspinal muscles, decreased range of motion in the right shoulder with abduction, and tenderness to palpation at the anterior aspect near the glenohumeral joint line. Grip strength was 5 of 5. Motor and sensation were "intact". The use of Gabapentin was noted since at least 4-2015, at which time the treating provider noted that she only took Gabapentin when she had the day off. She was to trial full duty until next follow-up visit. Medication refills were given for Omeprazole, Gabapentin 300mg #30 (use not detailed), Naproxen, Venlaxafine, and Lidopro. On 11-02-2015 Utilization Review non-certified a request for Omeprazole, Venlaxafine, and Gabapentin 300mg #30, with modification notification after appeal, dated 11-24-2015, to certify the requested Velaxafine and Omeprazole only. Medications are office dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: 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: MTUS Guidelines are very specific that long-term use of Gabapentin is recommended for primarily neuropathic pain disorders, which this individual does not have according to the medical records. The diagnosis and clinical description supports difficulties with chronic nocioceptive pain, which is not a qualifying medical problem supporting the use of Gabapentin. There are no unusual circumstances to justify an exception to Guidelines recommendations. The Gabapentin 300mg. #30 is not supported by Guidelines and is not medically necessary.