

Case Number:	CM15-0221353		
Date Assigned:	11/16/2015	Date of Injury:	08/02/2009
Decision Date:	12/30/2015	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: North Carolina, Georgia

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:

This is a 61-year-old female with a date of injury of August 2, 2009. A review of the medical records indicates that the injured worker is undergoing treatment for right sacroiliac joint pain, lower back pain, right shoulder pain, right shoulder rotator cuff tendinosis, cervicalgia, right knee pain, chronic pain syndrome, and myofascial pain syndrome. Medical records dated August 17, 2015 indicate that the injured worker complained of lower back pain, right knee pain, and right shoulder pain. Records also indicate that the injured worker reported that Tylenol, Meloxicam, and Gabapentin provided little pain relief. A progress note dated October 16, 2015 documented complaints of pain rated at a level of 8 to 9 out of 10 with the majority of pain in the right buttock, and pins and needles going down both arms and legs. Per the Qualified Medical Re-evaluation (July 7, 2015), the employee was not working. The physical exam dated August 17, 2015 reveals tenderness of the lumbar spine, tenderness of the shoulder, tenderness of the right knee, and an antalgic gait. The progress note dated October 16, 2015 documented a physical examination that showed an antalgic gait, forward leaning posture, positive sacroiliac distraction sign on the right, positive FABER's test on the right, decreased range of motion of the lumbar spine, decreased and painful range of motion of the shoulder, pain with cervical rotation, trigger points and tender points in the cervical scapular area, and pain with knee extension. Treatment has included medications (Gabapentin since at least July of 2015; Norco, Advil, and Tylenol), history of physical therapy, and six chiropractic treatments that were helpful. Urine drug screen results were not documented in the submitted records. The utilization review

(November 2, 2015) partially certified a request for Gabapentin 600mg #30 with no refills (original request for five refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #30 with 5 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: CA MTUS guidelines state that gabapentin is effective for treatment for diabetic painful neuropathy and post-herpetic neuralgia. It is considered a first line intervention for neuropathic pain. There is limited evidence to show that gabapentin is effective for post-operative pain where fairly good evidence shows that it reduces need for narcotic pain control. In this case, the gabapentin is prescribed for chronic pain with no evidence or documentation to suggest that the pain is neuropathic. Additionally, the record documents that gabapentin provides little relief and does not document any functional improvement with the use of medication. Gabapentin 600 mg #30 therefore is not medically necessary.