

Case Number:	CM15-0043918		
Date Assigned:	03/13/2015	Date of Injury:	07/24/2013
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/10/2015

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, 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 73 year old male, who sustained an industrial injury on 7/24/13. He reported pain in right shoulder. The injured worker was diagnosed as having rotator cuff syndrome, adhesive capsulitis shoulder and chronic pain syndrome. Treatment to date has included oral medications including Tylenol and Neurontin and cognitive behavioral treatment. Currently, the injured worker complains of right shoulder pain. Physical exam noted painful right shoulder with decreased range of motion. The injured worker states the Neurontin is very helpful for improvement in pain and activity but is causing side effects. The treatment plan included request for a trial of Horizant, to discontinue Neurontin and continue cognitive behavioral treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizant 600 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

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

Decision rationale: The patient presents with right shoulder pain. The current request is for Horizant 600 mg #30. The treating physician states, "Meds take pain from 9/10 to 5/10. Request auth for trial of Horizant 600mg, 1 tab QD." (50B) The treating physician goes onto state that the patient complains of burning and numbness. (43B) The MTUS guidelines state, "effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case the treating physician has documented that the patient has complaints of paresthesia affecting the right upper extremity. The current request is medically necessary and the recommendation is for authorization.