

<b>Case Number:</b>	CM15-0050084		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51-year-old male who sustained an industrial injury on 02/21/2013. Current diagnoses include right shoulder impingement, rotator cuff strain, bicipital tendonitis, discogenic cervical condition, ulnar neuritis, carpal tunnel syndrome on the right, and developing left shoulder impingement. Previous treatments included medication management, cortisone injection, physical therapy, and planned right shoulder surgery on 01/29/2015. Previous diagnostic studies included MRI of the right shoulder. Report dated 01/14/2015 noted that the injured worker presented for follow up evaluation for upcoming right shoulder surgery. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included discussed and signed consents for right shoulder surgery, given shoulder immobilizer, request for physical therapy, given prescriptions for Norco, gabapentin for neuropathic pain, amoxicillin, and follow up after surgery. Disputed treatments include nabapentin 600mg once at bedtime #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg once at bedtime #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

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

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain". There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of GABAPENTIN 600 MG #90 is not medically necessary.