

<b>Case Number:</b>	CM15-0055915		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: 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 57-year-old female, with a reported date of injury of 10/18/2011. The diagnoses include brachial neuritis, lumbosacral neuritis, internal derangement of the knee, carpal tunnel syndrome, and other affections of the shoulder. Treatments to date have included oral medications and electrodiagnostic studies. The progress report dated 12/19/2014 indicates that the injured worker complained of right shoulder, right arm, and low back pain. The objective findings showed a slow, guarded gait, posterior impingement sign of the right shoulder, and tenderness and spasm of the bilateral trapezius muscle. The treating physician requested gabapentin 300mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin CAP 300mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs (AEDs) / anti-convulsants Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic (a.k.a. anticonvulsants) drugs for pain Page(s): 18-19.

**Decision rationale:** The patient was injured on 10/18/11 and presents with pain in her right shoulder, right arm, and lower back. The request is for GABAPENTIN CAP 300 MG #90. The utilization review denial rationale is that "there was no evidence of neuropathic pain." There is no RFA provided and the patient is permanent and stationary. It appears that this is an initial trial of Gabapentin. Regarding antiepileptic (a.k.a. anticonvulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain." The patient has a slow and guarded gait, a positive sitting root test, and tenderness/spasm along the trapezius. She is diagnosed with brachial neuritis, lumbosacral neuritis, and shoulder region dis. The medical reports provided state that the patient does have neuropathic pain, as indicated by ODG Guidelines. A trial of Gabapentin appears reasonable. The request IS medically necessary.