

<b>Case Number:</b>	CM15-0060911		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	07/10/2002
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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  
 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:

The injured worker is a 65 year old male, who sustained an industrial injury on July 10, 2002. The injured worker was diagnosed as having rotator cuff tear arthropathy, shoulder joint pain, degeneration of lumbosacral intervertebral disc without myelopathy, depressive disorder, and long term drug therapy. Treatment to date has included multiple shoulder surgeries, carpal tunnel release on the right, and medication. Currently, the injured worker complains of bilateral shoulder, neck, and back pain. The Treating Physician's report dated March 2, 2015, noted the injured worker continued to take six Vicodin per day to manage his shoulder and back pain. Norco was noted to help reduce shoulder and neck pain by 60-70%. The injured worker's current medications were listed as Citalopram, Gabapentin, Hydrocodone/Acetaminophen, and Zolpidem. The Physician noted the injured worker was advised to begin reducing the Norco, with the recommendation to add Gabapentin in the afternoon, obtaining a urine drug screen (UDS).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #180:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 18-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines neurontin  
Page(s): 18.

**Decision rationale:** The California chronic pain medical treatment guidelines section on Neurontin states: Gabapentin (Neurontin, Gabarone, generic available) 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. (Backonja, 2002) (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007) (Attal, 2006) This RCT concluded that gabapentin monotherapy appears to be efficacious for the treatment of pain and sleep interference associated with diabetic peripheral neuropathy and exhibits positive effects on mood and quality of life. (Backonja, 1998) It has been given FDA approval for treatment of post-herpetic neuralgia. The number needed to treat (NNT) for overall neuropathic pain is 4. It has a more favorable side-effect profile than Carbamazepine, with a number needed to harm of 2.5. (Wiffen2-Cochrane, 2005) (Zaremba, 2006) Gabapentin in combination with morphine has been studied for treatment of diabetic neuropathy and post-herpetic neuralgia. When used in combination the maximum tolerated dosage of both drugs was lower than when each was used as a single agent and better analgesia occurred at lower doses of each. (Gilron-NEJM, 2005) Recommendations involving combination therapy require further study. The patient has the diagnosis of neuropathic pain in the form of carpal tunnel syndrome. Therefore, the request is medically necessary and approved.

**Citalopram 20mg #240:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation physician desk reference, celexa.

**Decision rationale:** The California MTUS and the ACOEM and the OCD do not specifically address the requested medication for depression uses. The physician desk reference states the medication is a selective serotonin reuptake inhibitor and is indicated as a first line treatment option in patients with depression. The patient has a diagnosis of depression and therefore this medication would be clinically indicated and thus medically necessary.