

<b>Case Number:</b>	CM15-0236627		
<b>Date Assigned:</b>	12/14/2015	<b>Date of Injury:</b>	02/22/2005
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2015

### 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 41 year old female with an industrial injury date of 10-06-2009. Medical record review indicates she is being treated for right shoulder adhesive capsulitis, chronic neck pain, brachial neuritis, insomnia secondary to chronic pain and status post right labral repair and subacromial decompression with debridement of right shoulder. Subjective complaints (11-13-2015) included "persistent" neck and right shoulder region pain. The pain is rated as 4 out of 10. She describes the pain as "mostly tightness associated with constant achy pain." She also reported difficulty sleeping associated with pain. Work status (11-13-2015) is documented as return to modified work until 01-31-2016. Current (11-13-2015) medications included Norco, Zolpidem, Cyclobenzaprine, Cymbalta, Gabapentin (at least since 09-26-2012) and Ibuprofen. Prior medications included Vicodin, Soma and Voltaren. Prior treatment included surgery, medication, trigger point injections, TENS unit, cortisone injections, acupuncture and physical therapy. In the 11-13-2015 note the treating physician documented electromyography and nerve conduction study done on 10-18-2012 was normal without evidence of cervical radiculopathy. Objective findings (11-13-2015) noted stiffness and spasms in the cervical paraspinal muscle. Tenderness was noted in the right acromioclavicular joint more so than glenohumeral joint. Tenderness was noted in the cervical facet joints and trigger point was noted in the shoulder region musculature. On 11-26-2015 the request for Gabapentin 600 mg # 60 was modified to 1 prescription of Gabapentin 600 mg # 14 by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** The medical records indicate the patient is having complaints of persistent neck and right shoulder region pain. The current request for consideration is Gabapentin 60 mg #60. The progress report dated 11/13/15, page (238b), provides no justification or explanation for the request of Gabapentin. The CA MTUS has this to say regarding Gabapentin: Recommended for neuropathic pain (pain due to nerve damage). 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. In this case, the clinical information provided shows no evidence that the patient is suffering from neuropathic pain. The most recent EMG/NCV showed normal findings. There are no examination findings consistent with neuropathic pain. The clinical information provided fails to meet the evidence based guidelines for the requested medication. As such, the request is not medically necessary.