

<b>Case Number:</b>	CM13-0034407		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/02/2013
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, was Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations

### 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 patient is a 25 year-old male who reported an injury to his left shoulder on 8/6/13. The patient complained of pain to the left shoulder that interferes with his sleep. Upon examination, the patient had increased pain with movement, but no neurologic deficits. The patient has a diagnosis of Supraspinatus tendonitis and Subacromial bursitis. He was recommended to physical therapy and Gabapentin with titrating dose. The patient has some relief with Gabapentin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for 90 tablets of Gabapentin 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient reports left shoulder pain, and has no neurologic deficits noted. The California guidelines recommend Gabapentin in treatment for neuropathy pain. The patient is not reporting neuropathic pain. In addition, there was no documented level of relief that the

patient had while taking Gabapentin. Therefore, the request for 90 tablets of Gabapentin 100 mg is non-certified.