

Case Number:	CM14-0116912		
Date Assigned:	09/16/2014	Date of Injury:	01/18/2012
Decision Date:	10/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/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 57-year-old male who has submitted a claim for left shoulder impingement associated with an industrial injury date of 01/18/2012. Medical records from 2014 were reviewed. Patient complained of left shoulder pain, associated with intermittent muscle spasm. He denied numbness or tingling sensation. Physical examination revealed tenderness to palpation over the left shoulder. Left shoulder range of motion was restricted by pain in all directions. Impingement signs were noted, including positive Neer and Hawkins test. Treatment to date has included left shoulder arthroscopy surgery, physical therapy, oral medications and opioid analgesics. Utilization review, dated 07/08/2014, denied the request for Neurontin because there is no documentation of the patient having objective diabetic neuropathy or post-herpetic neuralgia. This medication is not necessarily reasonable or necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (gabapentin 800mg) scored tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Anti Epilepsy. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, Gabarone™, generic available) Gabapentin (.)

Decision rationale: According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. In this case, the documentation submitted did not include if Neurontin has been previously prescribed before this request. In the medical records submitted, there is no neuropathic pain observed from subjective or objective findings. Patient complained of left shoulder pain, associated with intermittent muscle spasm. He denied numbness or tingling sensation. The medical necessity has not been established. There was no compelling rationale for use of this medication. Moreover, quantity to be dispensed is not specified. Therefore, the request Neurontin (gabapentin 800mg) scored tablets is not medically necessary.