

Case Number:	CM14-0121913		
Date Assigned:	09/16/2014	Date of Injury:	03/06/2013
Decision Date:	11/05/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 49-year-old woman who sustained a work-related injury on March 6, 2013. She subsequently developed chronic shoulder pain. The patient underwent left shoulder arthroscopic repair with left elbow release on October 8, 2013. According to the progress report dated June 2, 2014, the patient stated that she continues to experience pain with limited range of motion. She rated her pain level as a 6/10. The patient was administered cortisone injection on her last visit, which she found to be helpful. On the progress report of June 10, 2014, the patient reported throbbing pain in the neck that is radiating into the left upper extremity causing tingling on the hand. She rated her pain as 3/10. She also reported left shoulder pain described as throbbing and sharp. She rated her pain as 3/10. Her physical examination revealed loss in range of motion and positive cervical compression on the left, positive Hoffman's, on the left, positive Romberg's; decreased sensation left C5 dermatome, left shoulder: positive Apprehension, left elbow: positive Tinnel's, and left wrist: positive Tinel's. The patient was diagnosed with cervical IVD displacement without myelopathy, C6 radiculopathy, and status post arthroscopic repair. The provider requested authorization Generic (Gabapentin/Pyrido Xine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Drug, Generic (Gabapentin/Pyrido Xine 250mg/10mg #60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin >, Page(s): <49>..

Decision rationale: According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of Gabapentin/Pyrido Xine 250mg/10mg #60 is not medically necessary.