

<b>Case Number:</b>	CM14-0142018		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/25/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for gabapentin, conditionally denied a request for Norco, and conditionally denied a request for Ultracet. The applicant's attorney subsequently appealed. In a June 18, 2014 doctor's first report (DFR), the applicant transferred care to a new primary treating provider and was given diagnosis of shoulder bursitis, shoulder strain, thoracolumbar strain, and elbow contusion/laceration. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. On July 16, 2014, the applicant reported pins and needle sensation about the back and elbow. The applicant did obtain some temporary relief following an earlier shoulder subacromial injection. The applicant was not working, it was acknowledged, and did have comorbid hypothyroidism. Authorization for right shoulder surgery was sought. The applicant was given gabapentin for reported neuropathic pain. Norco and Ultracet were also endorsed while the applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin topic. Page(s): 3,49.

**Decision rationale:** As noted on page 49 of the Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line option for the treatment of neuropathic pain, as was present here on and around the date in question. On July 16, 2014, the date on which gabapentin was reportedly prescribed for the first time; the applicant reported pins and needle sensorium about the back and shoulder. As noted on page 3 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, neuropathic pain is characterized by symptoms such as the tingling, numbing, and burning sensations which were apparently present here on and around the date in question. Introduction of gabapentin was indicated to combat the same. Therefore, the request was medically necessary.