

<b>Case Number:</b>	CM14-0148647		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Physical Medicine & Rehabilitation and is licensed 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 injured worker is a 51-year-old female who reported an injury on 07/15/2011. The mechanism of injury was a fall. The injured worker had a diagnosis of right shoulder pain. Prior treatments included a cervical epidural steroid injection and physical therapy. Diagnostic studies included an MRI of the right shoulder and an MRI of the left shoulder, dated 09/20/2012 and an x-ray of the right shoulder, 11/10/2011. The injured worker complained of unchanged, constant, and moderate to severe right shoulder pain which caused clicking, locking, tingling, burning, popping, grinding, stiffness, numbness, and tenderness. The clinical note dated 08/24/2014, noted the injured worker had a negative impingement sign, a negative supraspinatus sign, negative apprehension tests, negative acromioclavicular joint tenderness, negative crepitus, negative drop arm test, and negative sulcus sign. Motor strength was 5/5 in the bilateral upper extremities. Sensation was intact to light touch in the bilateral upper extremities. Circulation was intact in the bilateral upper extremities. Left shoulder range of motion demonstrated flexion to 100 degrees, abduction to 95 to 100 degrees, extension to 25 degrees, external rotation to 60 degrees, internal rotation to 40 degrees, and adduction to 10 degrees. Medications included Vicodin, Naprosyn, and Flexeril. The treatment plan included a request for gabapentin 300mg #30. The rationale for the request was not provided within the documentation. The Request for Authorization was not provided with the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines); Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) & Gabapentin (Neurontin) Page(s): 16-22 & 49.

**Decision rationale:** The injured worker had complained of unchanged constant moderate to severe right shoulder pain causing clicking, locking, tingling, burning, popping, grinding stiffness numbness and tenderness. The California MTUS guidelines note Gabapentin is an anti-epilepsy drug, which has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. There is a lack of documentation indicating the medication is being used for the treatment of diabetic painful neuropathy or post herpetic neuralgia. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. There is a lack of documentation indicating the injured worker's pain was decreased as a result of the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request is not medically necessary.