

Case Number:	CM14-0218185		
Date Assigned:	01/07/2015	Date of Injury:	09/04/2012
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year old female sustained a work related injury on 9/4/2012. The mechanism of injury was reported to be injury from repetitive reaching as an assembler. The current diagnoses are cervical radiculitis, shoulder impingement, carpal tunnel syndrome, and status post right shoulder surgery and right carpal tunnel release (2013). No progress report for 10/23/2014 was found within the records provided. According to the progress report dated 7/14/2014, the injured workers chief complaints were ongoing pain in her right shoulder and neck, 7/10 on a subjective pain scale. She reports that she sometimes has numbness in her right hand. The physical examination revealed decreased range of motion in the neck and shoulder. There is positive Spurling's maneuver on the right. Current medications are Topiramate, LidoPro, and Omeprazole. The injured worker has been attending physical therapy for her neck and shoulder. Work status is not working. On 12/3/2014, Utilization Review had non-certified a prescription for retrospective Gabapentin 100mg #90 (DOS 10/23/2014). The Gabapentin was non-certified based on the prescribed dose not being consistent with guidelines. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro trial of Gabapentin 100mg, # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Pain section, Gabapentin

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Gabapentin 100 mg #90 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is in the epileptic drug. In this case, the injured worker's working diagnoses are carpal tunnel syndrome; shoulder impingement; cervical radiculitis; rotator cuff (capsule) tear; rotator cuff syndrome; and right shoulder surgery September 2013. Subjectively, the injured worker complains of pain and tightness in the right shoulder and neck. The injured worker has been using TENS and hot water to help control pain. Objectively, there was no neurologic evaluation/examination and medical record. It was decreased range of motion of the shoulder and neck. The treatment plan was a trial of gabapentin 100 mg one QHS current seven days that increased b.i.d. to #60. The progress note dated October 23, 2014 did not contain a list of current medications. The injured worker was taking topiramate (AED) but was instructed to stop due to tremulousness and headache. Current medications were listed in a psychiatric evaluation dated September 4, 2014. Consequently, absent clinical documentation supporting a neurologic evaluation with neuropathic symptoms/signs, no documentation of current medications, retrospective Gabapentin 100 mg #90 is not medically necessary.