

Case Number:	CM14-0218454		
Date Assigned:	01/08/2015	Date of Injury:	10/09/2013
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38-year-old female who reported an injury on 10/09/2013. The mechanism of injury reportedly occurred as a fall. Her diagnoses included cervical disc disease, right shoulder impingement/arthropathy, lumbar disc disease, and lumbar radicular symptoms. Her past treatments include medications and physical therapy. Her diagnostic studies included an unofficial x-ray of the right shoulder, which revealed no fractures. An unofficial MRI of the lumbar spine was noted to reveal L4-5 broad based central 2 mm disc protrusion, with mid line annular fissure causing mild central canal stenosis and mild bilateral recess/foraminal narrowing, an L5-S1 broad central to the right disc protrusion with annular fissure without stenosis. An unofficial MRI of the right shoulder revealed a type 3 acromion process, with 30 degrees lateral acromial downsloping, but no significant narrowing of subacromial space was evident. No rotator cuff tear was noted. Her surgical history was noncontributory. The injured worker presented on 11/07/2014, with complaints of constant posterior and right side neck pain, which radiates into the medial border of the right scapular area. The injured worker reports that she does have come and go pain in the right shoulder, which is better at rest and worse with movement. The injured worker reports that she does not have full motion of her right shoulder. The pain is aggravated with pushing, pulling, lifting, and carrying. It was also noted that the injured worker cannot lift a gallon of milk above the shoulder level because of the shoulder pain. The injured worker reported intermittent pain in both the medial and lateral sides of the right elbow. She reported not having full motion of her right elbow, and reported pain in the right wrist as well. She further complained of constant low back pain that radiates from the center of

her low back down to the right lower back, with occasional trembling sensation into the right buttock area, and weakness into the right lower limb. She denied numbness, weakness, or tingling in the right lower limb. She reported having trouble sleeping at night because of the pain. Upon physical examination of the cervical spine, extension was 90% of normal, forward flexion revealed the chin fails chest by 1 to 1.5 inches. Upon physical examination of the lumbar spine, extension was 25% of normal; bending was 67% of normal, straight leg raising measured 80/80 degrees bilaterally in the seated position, and 20/30 degrees right/left in the recumbent position. The Lasegue's and Bowstring tests were negative. It was noted that the injured worker walks with a normal gait. Heel and toe walking were well performed. Patrick's and Trendelenburg tests were within normal limits. Upon neurological examination, there were no entrapment signs at the carpal tunnels. Deep tendon reflexes were equal and active in the biceps, triceps, and brachioradialis muscles. The knee jerk reflexes were equal and active bilaterally at 1. The ankle jerk reflex was 1 on the right and 2 on the left. Sensory testing revealed a diminished sensation to pinpoint in the right hand in a median nerve distribution. Upon routine upper extremity examination, Finkelstein's test was positive on the right. Her current medication regimen was not provided within the documentation submitted for review. The treatment plan included that due to her work related injury, she would need injections, medications, and physical therapy for flare-ups. The rationale for the request was that unfortunately the injured worker had a slip and fall at work. A Request for Authorization form was not provided within the documentation submitted for review. This 37 year old female sustained a work related injury on 10/9/2013. The mechanism of injury was reported to be injury from a fall. The current diagnoses are cervical disc disease, right shoulder impingement/arthropathy, lumbar disc disease, and lumbar radicular symptoms. According to the progress report dated 10/9/2014, the injured workers chief complaints were persistent low back pain and radiating pain in the left leg. Additionally, she reports persistent neck and right shoulder pain. The physical examination revealed tenderness to palpation of the right supraspinatus area. Range of motion reveals impingement. The medication list was not specified in the records provided. The treating physician prescribed Gabapentin 100mg #60, which is now under review. In addition to Gabapentin, the treatment plan included 8 acupuncture and 8 chiropractic sessions. Work status was modified duty. Restrictions included no lifting over 15 pounds or no repetitive movements with the right upper limb. On 12/18/2014, Utilization Review had non-certified a prescription for Gabapentin 100mg #60. The Gabapentin was non-certified based on insufficient evidence of the efficacy of her current medication regimen. The California MTUS 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:

Gabapentin 100mg # 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 18.

Decision rationale: The request for gabapentin 100 mg #60 with 3 refills is not medically necessary. The injured worker has neck and shoulder pain. The California MTUS Guidelines state that gabapentin has 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. The documentation submitted for review failed to provide evidence that the injured worker has a diagnosis of diabetic neuropathy or post-herpetic neuralgia. As there is no documentation submitted indicating that the injured worker has one of the aforementioned diagnoses the request as submitted does not support the evidence based guidelines. As such, the request for gabapentin 100 mg #60 with 3 refills is not medically necessary.