MAXIMUS Federal Services

Case Number:	CM15-0010549		
Date Assigned:	01/28/2015	Date of Injury:	12/02/2011
Decision Date:	03/24/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/19/2015

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 51 year old female, who sustained an industrial injury on 12/02/2011. She has reported subsequent neck, shoulder and upper extremity pain and was diagnosed with cervical ankylosis, bilateral shoulder ankylosis, right shoulder impingement, rotator cuff tendinosis and bilateral carpal tunnel syndrome. Treatment to date has included oral pain medication, cortisone injections and physical therapy. In a qualified medical examiner report from 12/16/2014, the injured worker was noted to complain of constant aching pain and intermittent tingling, burning and cramping pain radiating to the hands, arms, shoulders, neck and scalp. Objective physical examination findings were notable for tenderness to palpation of the cervical spine with muscle spasms, paresthesias in the arms with range of motion of the shoulders, tenderness to palpation and myofascial tension in the volar forearms and upper extremity weakness with numbness in the C6 distribution. Gabapentin 300 mg was noted to have made the injured worker intolerably sleepy so the dose was decreased to 100 mg. The physician submitted a request for authorization of Gabapentin 100 mg for neuralgia arising from the shoulder. On 01/01/2015, Utilization Review modified a request for Gabapentin from 100 mg #90 to 100 mg #63 between 12/16/2014 to 02/28/2015, noting that since the injured worker was only documented to have a moderate response to the medication, it should be slowly discontinued. MTUS Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Gabapentin 100 mg # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs; Gabapentin, Medications for chronic pain Page(s): 18-19, 60-61.

Decision rationale: This patient presents with cervical spine, right upper extremity, bilateral shoulder, and bilateral carpal tunnel syndrome. The treater is requesting 1 PRESCRIPTION OF GABAPENTIN 100 MG #90. The RFA dated 12/16/2014 shows a request for gabapentin 100 mg #90. The patient?s date of injury is from 12/02/2011, and his current work status is permanent and stationary. The MTUS Guidelines pages 18 and 19 on gabapentin states that it has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as first-line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed gabapentin on 09/09/2014. None of the reports mentioned medication efficacy as it relates to the use of gabapentin. In this case, given the lack functional improvement while utilizing gabapentin, the request IS NOT medically necessary.