

Case Number:	CM15-0111951		
Date Assigned:	06/18/2015	Date of Injury:	01/06/2014
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/10/2015

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, 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:

The injured worker is a 60 year old male, who sustained an industrial injury on January 6, 2014. He reported left shoulder, right hand and left knee pain. The injured worker was diagnosed as having pain in shoulder joint, right hand injury, bilateral wrist injury, bilateral carpal tunnel syndrome and left shoulder tendinosis. Treatment to date has included diagnostic studies, multiple radiographic images of the shoulder, knee and wrists, shoulder injection, conservative care, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued pain in the left shoulder, right hand, left knee and bilateral wrists. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 16, 2015, revealed continued pain as noted. He reported benefit with previous injection in the shoulder and medications. Evaluation on March 5, 2015, revealed continued pain as noted however, he noted the intensity to be slightly less. He reported numbness in the palm with driving. It was noted a recent urinary drug screen was appropriate with expectations. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 100 mg #60 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured workers working diagnoses are left shoulder injury; right-hand injury; bilateral wrist injury and left knee "tear" meniscus. The documentation is largely illegible. The documentation as they check the box format. The date of injury January 6, 2014. The documentation does not contain subjective, objective or electrodiagnostic evidence of neuropathic symptoms or signs. There are no neuropathic symptoms documented in the medical record there is no neurologic evaluation in the medical record. Consequently, absent legible clinical documentation with evidence of neuropathic signs and symptoms, Gabapentin 100 mg #60 is not medically necessary.