

Case Number:	CM15-0117237		
Date Assigned:	06/25/2015	Date of Injury:	11/28/2013
Decision Date:	07/31/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34-year-old male patient who sustained an industrial injury on 11/28/2013. A recent primary treating office visit dated 05/05/2015 reported the patient with subjective complaint of chronic left shoulder pain. He states that any kind of repetitive activities of heavy lifting if held away from his body outstretched aggravates the pain. The pain is associated with numbness and weakness of the left arm. He has been diagnosed of left shoulder pain, left AC Joint Tendinopathy. Current medications are: Nabumetone, Diclofenac, and Gabapentin. The patient had subjective complaint of having left sided neck pain with a pinching sensation in the shoulder, depression and difficulty sleeping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Tabs 600 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The injured worker sustained a work related injury on 11/28/2013. The medical records provided indicate the diagnosis of shoulder pain. Treatments have included Shoulder injection, Gabapentin, Nabumetone, and Diclofenac. The medical records provided for review do indicate a medical necessity for: Gabapentin Tabs 600 MG. Gabapentin is an anti-epilepsy drug. The MTUS recommends the use of the anti-epilepsy drugs for the treatment of neuropathic pain. The guidelines recommends that continued use be based on evidence of 30 % reduction in pain, otherwise switch to a different first line agent, or combine with another first line agent. The medical records indicate the injured worker suffers from pinching pain in his left shoulder that is associated with numbness. The pain ranges between 6-9/10 without medications, but decreases to 3/10 with medications. The records indicate that the combination of Gabapentin, Nabumetone, and diclofenac provide about 50% reduction in pain. Therefore, the request is medically necessary.