

Case Number:	CM15-0117309		
Date Assigned:	06/25/2015	Date of Injury:	10/30/2009
Decision Date:	07/29/2015	UR Denial Date:	06/11/2015
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, California
 Certification(s)/Specialty: Family Practice

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 is a 64 year old female patient, who sustained an industrial injury on 10/30/2009. The diagnoses have included right shoulder pain; and status post right rotator cuff repair in 2010 and 2012. Per the report from the treating physician, dated 04/21/2015, she had complains of right shoulder pain at 3/10 with medications and at 8/10 without medications; poor sleep quality. The physical examination revealed spine trigger point with radiating pain and twitch response on palpation at bilateral rhomboid; right shoulder range of motion restricted with pain; Hawkins', Neer's, and shoulder crossover tests positive; tenderness in the acromioclavicular joint, biceps groove, glenohumeral joint, and subdeltoid bursa; left shoulder range of motion limited; Crank's and apprehension tests positive; tenderness noted in the glenohumeral joint and subdeltoid bursa; right wrist Phalen's and Tinel's signs positive; and decreased light touch sensation over the right lateral hand and right anterior shoulder. The medications list includes Norco, Soma, Neurontin, metformin, diovan, atenolol, aspirin, lipitor and Xanax. She has undergone right shoulder rotator cuff repair in 2010 and 2012; left knee menisectomy and chondroplasty; left total knee arthroplasty and right total knee arthroplasty. She has had bracing, injections and physical therapy for this injury. The treatment plan has included the request for Gabapentin 300mg #150 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #150 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 18-19 Gabapentin (Neurontin, Gabarone, generic available).

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." According to the records provided patient had chronic right shoulder pain with history of two right shoulder surgeries. She had decreased light touch sensation over the right lateral hand and right anterior shoulder. Physical examination revealed significant objective findings-tenderness, decreased range of motion and positive Hawkins', Neer's , and shoulder crossover tests in the right shoulder and Crank's and apprehension tests positive in the left shoulder. This is evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 300mg #150 with 1 refill is medically necessary for this patient.