

Case Number:	CM15-0127581		
Date Assigned:	07/14/2015	Date of Injury:	05/25/2012
Decision Date:	08/17/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/01/2015

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, North Carolina
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:

The injured worker is a 50 year old male who sustained an industrial injury on 5/25/12. Diagnosis is pain in joint-shoulder, status post arthroscopic surgery; right shoulder decompression-11/13/12. In a progress note dated 4/30/15, the treating physician notes he presents with chronic right shoulder pain. The injured worker reports no changes to his pain condition and continues to report the pain level at 6-7/10. He uses a combination of Buprenorphine and Gabapentin which helps reduce pain down to 2/10. He reports no side effects with these medications and they do help with pain and function. He reports that he does not lift much with his right upper extremity as this can aggravate his pain as well as any repetitive movement, especially above the level of the shoulder. He is not working at this time as modified duties are apparently not available. He complains of depression and anxiety. He smokes, drinks 24 beers a week and denies the use of any drugs. Mental status was that he was alert and oriented and there were no signs of sedation. Current medications are Hydrocodone, Tylenol, Buprenorphine, and Gabapentin. He had right shoulder surgery in 2012 and had been treated with physical therapy post-operatively and he continues to have persistent pain. The requested treatment is Gabapentin tablets 600mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Tablets, 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 17-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptics Page(s): 17-19.

Decision rationale: CA MTUS states that Gabapentin is recommended for neuropathic pain. However in this case, there is no history or physical findings for neuropathic pain. Therefore the rationale for the use of Gabapentin is unclear. The clinical documentation submitted failed to provide the efficacy of the Gabapentin. Thus the request for this medication is not medically necessary and has not been established.