

<b>Case Number:</b>	CM15-0129614		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	08/29/2011
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 was a 62 year old female, who sustained an industrial injury, August 29, 2011. The injured worker previously received the following treatments Gabapentin, Prilosec; acupuncture helps decrease the pain and EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the right upper extremity which was negative. The injured worker was diagnosed with right upper extremity pain, chronic pain syndrome, cervical spine disc rupture, thoracic spine bulges, lumbar spine disc rupture, right shoulder surgery times 2, left shoulder strain, right carpal tunnel syndrome, left carpal tunnel syndrome and left knee strain. According to progress note of May 28, 2015, the injured worker's chief complaint was right upper extremity pain and swelling. The physical exam was documented as unchanged. The progress note of May 13, 2015 noted two plus tenderness of the right shoulder and full range of motion. The sensation to light touch was intact. The treatment plan included prescriptions for Gabapentin and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 with 2 refills: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for neck pain with upper extremity radiating symptoms, and bilateral shoulder, wrist, knee and low back pain. When seen, acupuncture was helping. He was having swelling. His physical examination was unchanged with prior examinations documenting right shoulder tenderness and pain with shoulder range of motion. Gabapentin and Omeprazole (Prilosec) were prescribed. The Gabapentin dose was 900 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's Gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.

**Prilosec 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effect Page(s): 68-71.

**Decision rationale:** The claimant sustained a work injury in August 2011 and continues to be treated for neck pain with upper extremity radiating symptoms, and bilateral shoulder, wrist, knee and low back pain. When seen, acupuncture was helping. He was having swelling. His physical examination was unchanged with prior examinations documenting right shoulder tenderness and pain with shoulder range of motion. Gabapentin and Omeprazole (Prilosec) were prescribed. The Gabapentin dose was 900 mg per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. The continued prescribing of Prilosec is not medically necessary.