

Case Number:	CM15-0170445		
Date Assigned:	09/11/2015	Date of Injury:	06/04/2015
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/29/2015

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: Arizona, 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:

The injured worker is a 21 year old male who sustained an industrial injury on June 04, 2015. The worker was employed as a packer for a computer company. The accident was described as while working packing computers (working very fast) he slipped backwards having had a box fall on top of him resulting in right shoulder injury. A primary treating office visit dated June 09, 2015 reported subjective complaint of with right shoulder pain. He is also with complaint of low back pain. Current medications consisted of: Oxycodone Acetaminophen. The following diagnoses were applied: lower back contusion; lumbar strain and sprain, and right shoulder sprain and strain. The following medications were dispensed: Flexeril. He was instructed to discontinue using the hot and cold unit and lumbar support. There is note of an expected maximal medical improvement date of July 08, 2015. There is recommendation for courses of physical therapy, continue using Ibuprofen, and modified work duty. The first report of illness dated June 09, 2015 reported the worker prescribed Flexeril. At follow up dated June 26, 2015 he was prescribed Nabumetone 750mg and Flexeril. Primary follow up dated July 01, 2015 is with recommendation for a muscle relaxer for a few days and also from nonsteroidal anti-inflammatory medication promoting healing. Lastly at primary follow up dated July 13, 2015 the plan of care is with recommendation for: a trial of LidoPro cream, a trial of Gabapentin, and a trial of acupuncture care. He should undergo a magnetic resonance imaging study of right shoulder and may benefit from the use of a transcutaneous nerve stimulator unit. The treating diagnoses were: contusion of scapular region; right hip contusion; lumbosacral strain and sprain; history of loss of consciousness; right shoulder myofascial pain.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the Gabapentin was prescribed with the belief that it "may help." The Gabapentin was not medically necessary.