

Case Number:	CM15-0057894		
Date Assigned:	04/02/2015	Date of Injury:	08/23/2013
Decision Date:	05/04/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/26/2015

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: Indiana

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 43 year old female, who sustained an industrial injury on 8/23/13. She reported initial complaints of left shoulder, lumbosacral pain with numbness and tingling and weakness bilateral arms. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis unspecified; lumbar disc displacement; lumbar impingement syndrome; status post lumbar spine surgery; injury to lumbar nerve root; right shoulder pain; status post left shoulder surgery. Treatment to date has included acupuncture; chiropractic therapy; MRI left shoulder (6/20/14); MRI lumbar spine (6/26/14); drug screening for medical management; medications. Currently, the PR-2 notes dated 2/25/15 the injured worker complains of constant severe 8/10 sharp low back pain radiating to head and lumbar spine along with right shoulder pain radiating to the right arm with numbness and tingling 6/10 and left shoulder pain radiating to head. At this time, the provider's treatment plan includes a request for a MRI right shoulder, acupuncture and chiropractic therapy for the right shoulder and ongoing medication regime. The provider notes indicate there is pending authorizations for an EMG/NCV of the bilateral upper extremities; orthopedic evaluation and a pain management consultation regarding the lumbar spine. The provider is requesting a refill of Gabapentin 210gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 210gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin®).

Decision rationale: The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "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." Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. As such, without any evidence of neuropathic type pain, the medication is not medically necessary.