

Case Number:	CM15-0065617		
Date Assigned:	04/13/2015	Date of Injury:	10/24/2005
Decision Date:	05/12/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 10/25/2005 after losing her footing and falling backwards striking her head and back. On provider visit dated 03/04/2015 the injured worker has reported bilateral shoulder pain, lower back and lower extremities pain with numbness and tingling. On examination of the shoulder exam revealed tenderness over posterior aspects of both shoulders, limited range of motion bilaterally, left shoulder was noted to be positive for impingement sign. The diagnoses have included increasing low back and lower extremity pain, status post lumbar spine fusion, cervical spine sprain/straight and status post right shoulder surgery and left shoulder rotator cuff impingement syndrome with probable partial thickness rotator cuff tear. Treatment to date has included medication, transforaminal epidural steroid injections, laboratory studies and electromyogram studies of the lower extremities. The provider requested Gabapentin 300 mg, ninety count for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg, ninety count: 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/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 300 mg, ninety count is not medically necessary and appropriate.