

Case Number:	CM15-0072126		
Date Assigned:	04/22/2015	Date of Injury:	11/29/2000
Decision Date:	05/27/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/15/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 52 year old male with an industrial injury date of 11/29/2000. His diagnoses included right shoulder subacromial impingement, right shoulder adhesive capsulitis and glenohumeral synovitis, status post arthroplasty with partial synovectomy of the glenohumeral joint and subacromial decompression, left shoulder impingement, and five bypass surgeries (non-industrial.) Prior treatments included TENS unit, hot and cold wrap, medications and home stretching and strengthening. He presents on 06/25/2014 with complaints of pain in bilateral shoulders. Objective findings are documented as the injured worker was not in any acute distress and was asymptomatic. Bilateral upper extremities abduct to 110 degrees. In the progress note dated 06/11/2014 the injured worker admits to depression due to chronic pain that affects his functionality. Utilization review references information dated 01/14/2014 and 02/25/2015 which are not in the submitted records. The request is for Neurontin and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wellbutrin 150 mg Qty 60 (prescribed 2/25/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13, 14, 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13 - 16.

Decision rationale: The patient is a 52 year old male with an injury on 11/29/2000. He had shoulder pain and had shoulder arthroscopic surgery. He also had 5 non-industrial bypass surgeries. On 06/25/2014 he had bilateral shoulder pain. MTUS notes that some antidepressants are recommended to treat neuropathic pain - which he does not have. MTUS notes that Wellbutrin has no efficacy in the treatment of non-neuropathic back pain and it is not medically necessary for this patient.

Neurontin 600 mg Qty 90 (prescribed 2/25/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16-22, 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: The patient is a 52 year old male with an injury on 11/29/2000. He had shoulder pain and had shoulder arthroscopic surgery. He also had 5 non-industrial bypass surgeries. On 06/25/2014 he had bilateral shoulder pain. MTUS, chronic pain guidelines note that Gabapentin (Neurontin) is FDA approved treatment for diabetic neuropathy and post herpetic neuropathy. There is no documentation of neuropathic pain. The patient does not have any of these conditions and Neurontin is not medically necessary for this patient.