

Case Number:	CM15-0072197		
Date Assigned:	04/22/2015	Date of Injury:	12/03/2013
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old female who sustained an industrial injury on 12/03/2013. Diagnoses include right shoulder periscapular strain with rotator cuff tendinitis, and moderated acromioclavicular degenerative changes, right wrist sprain/strain, right DeQuervain's changes, lumbar spine sprain/strain with moderate facet degenerative changes at L4-L5 and L5-S1 with multilevel spondylosis, right knee sprain/strain with patellofemoral arthralgia, psychiatric complaints, and right ankle Achilles tendinitis. Treatment to date has included diagnostic studies, medications, Transcutaneous Electrical Nerve Stimulation Unit, and chiropractic/physical therapy sessions. A physician progress note dated 03/20/2015 documents the injured worker complains of chronic low back pain and shoulder pain. She rates her pain as 5-8 out of 10. She has right shoulder tenderness to palpation over the supraspinatus tendon, subacromial region and acromioclavicular joint. Crepitus is present and impingement test is positive. Cross Arm test is positive. Right shoulder range of motion: flexion is 128 degrees, extension 33 degrees, adduction is 35 degrees, abduction is 112 degrees, internal rotation is 72 degrees and external rotation is 70 degrees. The treatment plan is for a surgical consultation regarding the right shoulder, a lumbar spine injections when blood sugars are under control and a follow up visit. Treatment requested is for Neurontin 300mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 300 mg #90 is not medically necessary. Neurontin (Gabapentin) is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are right shoulder sprain/rotator cuff tendinitis; right wrist sprain/DeQuervain's tenosynovitis; lumbar spine musculoligamentous sprain/strain; right knee sprain/patellofemoral arthralgia; and right Achilles tendinitis. The injured worker has been taking gabapentin as far back as October 24, 2014. The most recent progress note in the medical record is dated March 20, 2015. Subjectively, the documentation states the injured worker like to proceed with surgery to the right shoulder. Her symptoms are unchanged. There are no neuropathic complaints. Objectively, there is tenderness palpation over the supraspinatus tendon, subacromial region and acromioclavicular joint. There is no neurologic evaluation showing evidence of neuropathy or radiculopathy. Gabapentin is recommended for neuropathic pain conditions. There are no neuropathic signs or symptoms documented medical record. Consequently, absent clinical documentation with evidence of neuropathic symptoms and/or signs, Neurontin 300 mg #90 is not medically necessary.