

<b>Case Number:</b>	CM15-0076352		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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: Pennsylvania, Ohio, 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 51 year old female who sustained an industrial injury on 12/19/12. The injured worker reported symptoms in the neck, arm and shoulder. The injured worker was diagnosed as having left shoulder pain, status post left shoulder surgery (8/28/14), neck pain, cervical facetogenic pain and headaches, left C6 radiculitis, cervical spinal stenosis and chronic pain syndrome. Treatments to date have included physical therapy, medications, rest, ice/heat application, and H-wave therapy. Currently, the injured worker complains of neck, left arm and shoulder pain. The plan of care was for medication prescriptions, H-wave therapy and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic medication Page(s): 16-18.

**Decision rationale:** MTUS recommends Gabapentin for treatment of neurophatic pain; these guidelines recommend that the prescribing physician document any improved symptoms and functional benefit to support ongoing treatment. The records do not document functional improvement from this medication and do not provide an alternate rationale for its use; the medication is not medically necessary.

**Continue H-wave therapy for neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117 and 118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 117-118.

**Decision rationale:** MTUS recommends H-wave stimulation as part of an overall program of functional restoration. A one-month H-wave trial is recommended as an option for chronic soft tissue inflammation or diabetic neuropathic pain only after failure of specific first-line treatment, including PT, medications, and TENS. These guidelines have not been met. The request is not medically necessary.