

Case Number:	CM15-0076743		
Date Assigned:	04/28/2015	Date of Injury:	04/08/2011
Decision Date:	05/28/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	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: Arizona, Texas
 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 58 year old, female who sustained a work related injury on 4/8/11. The diagnoses have included partial tear of rotator cuff and fibromyalgia/myositis. The treatments have included right shoulder surgery, Flector patches and oral medications. In the PR-2 dated 1/13/15, the injured worker complains of increasing right shoulder pain. The pain hinders her ability to perform activities of daily living and self care activities. The treatment plan is a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg 2 capsules 5 times a day #900: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 16-22.

Decision rationale: According to MTUS, Gabapentin (Neurontin, Gabarone, generic available) 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. 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 suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%. (TCA, SNRI or AED). (Jensen, 2006) (Eisenberg, 2007) Weaning and/or changing to another drug in this class: Gabapentin should not be abruptly discontinued, although this recommendation is made based on seizure therapy. Weaning and/or switching to another drug in this class should be done over the minimum of a week. (Neurontin package insert) When to switch to pregabalin: If there is evidence of inadequate response, intolerance, hypersensitivity or contraindications. There have been no head-to-head comparison trials of the two drugs. In this case the documentation doesn't support that the patient has a diagnosis of neuropathic pain. The treatment with gabapentin has been ongoing and the dosage is high at 3000mg/daily. Although the medication does not appear to be medically necessary, it may cause harm to the patient to abruptly withdraw medication. The recommendation is for the medication to be certified for taper and discontinuation of medication. The request is medically necessary.