

Case Number:	CM15-0090778		
Date Assigned:	05/15/2015	Date of Injury:	12/06/1999
Decision Date:	06/18/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/11/2015

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 Jersey, New York
 Certification(s)/Specialty: Family Practice

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 53 year old male patient who sustained an industrial injury on 12/06/1999. A primary treating office visit dated 05/11/2013 reported the treating diagnoses as SLAP lesion right shoulder status post-surgical revision, and post-operative wound infection. The patient is deemed permanent and stationary. Treatment modalities to include: oral analgesia, modified work duty, use of a transcutaneous nerve stimulator unit, and direct manipulation. Previous surgical intervention consisted of: acromioplasty on 08/15/2000, arthroscopic labral debridement of SLAP lesion on 10/21/2004, a second procedure on 04/05/2006 with medial scapular excision and rhomboid transfer for snapping scapula syndrome, and then complicated with post-operative wound infection. An incise and drainage was performed this visit; the last one done on 05/09/2013. He is currently taking Bactrim DS and probiotic therapy. In addition he takes Flexeril, hydrocodone/APAP, and Ibuprofen. A recent primary treating office visit dated 04/07/2015 reported the patient with subjective complaint of neck and left shoulder pain. He is status post left shoulder surgery on 03/10/2015, and states "it is already feeling better." He is currently wearing a sling and has not initiated post-operative physical therapy yet. He stated the radiating pain has stopped along with the parasthesia's in the left arm. He continues with significant pain in the neck that radiates to bilateral shoulders and left upper arm. He stated taking Norco three times a day, Gabapentin and Advil at HS, and is not currently taking Lunesta. Of note, he was denied a level two fusion procedure for the cervical spine. A left shoulder magnetic resonance imaging study dated 11/27/2013 revealed large complete tear of the distal supraspinatus tendon; severe osteoarthritis of the left acromioclavicular joint. The cervical spine

MRI dated 11/27/2013 showed a moderate sized broad-based lateral disc protrusion at C6-7. There was effacement of the thecal sac with slight compression/displacement of the left ventral cervical cord and slight posterior displacement of the descending left C-8 nerve root. The impression noted the patient with cervical neck pain with evidence of disc disease, complete rotator cuff tear of left shoulder, cervical discogenic pain with radiculopathy, and left rotator cuff repair on 03/10/2015. The plan of care involved: monitoring his status over the next month and if surgery is warranted then obtain current radiography study. The CURES report is within the parameters of the prescribed medications. The patient has signed a Opioid agreement form, and urine screening has been consistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Gabapentin Page(s): 16-19, 49.

Decision rationale: The request is not medically necessary. Gabapentin is an anti-epilepsy drug that is effective for neuropathic pain. The patient has chronic cervical pain with radiation but no documented objective exam findings to corroborate the history. There is not enough evidence to support the presence of active and chronic neuropathic pain. Therefore, the request for Gabapentin is considered not medically necessary.