

<b>Case Number:</b>	CM13-0011569		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in <MPR BRD CERT>, has a subspecialty in <MPR SUBSPEC CERT> and is licensed to practice in <MPR ST LICENSE>. 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 physician 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/services.

### 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 applicant has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 25, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; an H-Wave device, adjuvant medications; electrodiagnostic testing of the bilateral upper extremities of February 29, 2012, interpreted as normal; a cervical MRI of January 30, 2009, notable for low-grade disk bulging of uncertain clinical significance without cord compression or spinal stenosis, of uncertain clinical significance; and extensive periods of time off of work. In a utilization review report of July 24, 2013, the claims administrator denied a request for cervical facet joint injections and partially certified a request for gabapentin. The claims administrator apparently cited non-MTUS guidelines, although the MTUS does address the topics at hand. A June 24, 2013 progress note is notable for comments that the applicant states that her pain is overall getting worse. She does state that gabapentin helps "a little." The progress note is largely unchanged when compared with prior progress notes in the 2012 timeframe. The applicant states that usage of an H-Wave device allows her to become more active. She has diminished sensorium about the right hand with facetogenic tenderness and diminished range of motion also appreciated. The applicant is apparently depressed. A heightened dose of gabapentin is endorsed, along with multilevel cervical facet joint blocks. The applicant is using multiple medications for diabetes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg #90 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** The Physician Reviewer's decision rationale: As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is a first-line treatment for neuropathic pain, including that associated with diabetes. In this case, the applicant seemingly has neuropathic pain associated with a cervical radiculopathy. Prior usage of gabapentin was apparently generating some admittedly inadequate analgesia. As suggested on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider chose to increase the dosage of gabapentin to achieve therapeutic effect. The recommended trial period is three to eight weeks for titration and then one to two weeks at maximum tolerated dosage. Thus, the heightened dosage of gabapentin being proposed by the attending provider does seemingly conform or nearly conform to the recommended trial period in the MTUS. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

**1 right C2-3, C3-4, C4-5, C5-6 and C6-7 cervical facet injection under fluoroscopic guidance and conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in chapter 8 table 8-8, facet joint injections of corticosteroids are "not recommended." In this case, the fact that the applicant also has concomitant radicular symptoms and radicular complaints implies a lack of diagnostic clarity, as does the fact that the attending provider is seeking to blockade five different levels. Accordingly, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.