

<b>Case Number:</b>	CM13-0036849		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/08/2007
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Orthopedic Surgery, and is licensed to practice in California. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 48-year-old female who reported an injury on 6/8/07. The mechanism of injury was lifting. The patient's initial course of treatment is unclear; however, it is noted that she received two right shoulder surgeries which resulted in mild alleviation of discomfort. She has received extensive courses of physical therapy, as well as acupuncture, chiropractic, and massage. A previous cervical steroid injection produced no relief of symptoms, and she now manages her pain with the use of medications and occasional acupuncture. The patient received cervical MRIs in 2008 and 2010 that revealed central disc changes at C5-6, and an EMG of the right upper extremity that was normal. The patient is also noted to have failed trigger point injection therapy. An MRI of the cervical spine dated 5/18/13 revealed severe degenerative disc disease at C5-6 with a 2mm retrolisthesis of C5 onto C6, a 3mm broad-based posterior disc osteophyte complex resulting in moderate spinal canal stenosis, and severe bilateral neural foraminal narrowing with encroachment on both exiting C6 nerve roots. There was also disc desiccation noted at C2-C7, without significant spinal canal stenosis or neural foraminal narrowing. The clinical note dated 9/25/13 provided range of motion values for the right arm that included 150 degrees of abduction, flexion of 90 degrees, and internal rotation reaching the right buttock.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Gabapentin 600mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS/ACOEM guidelines recommend the use of anti-epileptics to treat neuropathic pain. Gabapentin in particular, is recommended to treat neuropathy and spinal cord injuries, and is considered to have a positive effect if the patient's pain has been decreased by 30% to 50%. According to the clinical information submitted for review, the patient has no documented history of neuropathic pain. Despite an MRI showing a disc bulge at C5-6 and C6 nerve root involvement, there were no physical examination findings of neurologic impairment. In fact, none of the physical examinations have addressed the neurological aspect of the patient's symptoms since February 2013, where motor and sensory exams were found to be within normal limits. As there is no objective documentation to support the need for treatment of neuropathic symptoms, the request is not warranted at this time, and is non-certified.