

Case Number:	CM13-0071964		
Date Assigned:	01/08/2014	Date of Injury:	12/29/2012
Decision Date:	06/05/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/30/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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 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/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 32 year old female who was injured on 12/29/2012. The injury was due to lifting a patient while she was work. Prior treatment history has included physical therapy (some improvement as of 04/09/2013) Diagnostic studies reviewed include cervical spine MRI reveals C5-C6 right posterolateral herniated disc causing spinal cord compression and spinal stenosis; impingement of the right nerve roots; and a small posterior bulging disc and posterior annular tears at C4-5 and C6-7. There is no spinal stenosis at these levels. MRI of the right shoulder dated 02/28/2013 shows an insertional tendinosis of the supraspinatus; this likely represents a combination of degeneration and interstitial tearing. No full thickness tear is present. There is lateral downsloping of the acromion causing rotator cuff impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG TABLET #180: Upheld

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

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

Decision rationale: The CA MTUS recommends gabapentin for chronic neuropathic pain due to specific medical conditions, such as diabetic peripheral neuropathy, post-herpetic neuralgia, lumbar spinal stenosis, complex regional pain syndrome, and fibromyalgia. The medical records indicate that the patient has right neck and shoulder pain, however, neurologic exam is normal with no physical signs of radiculopathy. The medical records do not document whether the current dosage of gabapentin is providing any symptomatic relief. Further, the documents show that the patient does not have any of the conditions for which gabapentin is recommended for use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.