

<b>Case Number:</b>	CM14-0002571		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiology, and is licensed to practice in Massachusetts, Connecticut, New Jersey, and Texas. 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 51 year old female who sustained an injury on 10/2/03. No specific mechanism of injury was noted. The patient was followed for multiple complaints including neck pain, bilateral shoulder pain, and low back pain. Medications included Gabapentin and Norco for pain. Per the clinical record on 12/10/13, the patient indicated that, with these medications, she was able to function. There were no aberrant medication issues reported and the patient denied any substantial side effects. On physical examination, there was continued paravertebral muscle spasms and tenderness in the cervical spine and lumbar spine. The patient was recommended to continue with Norco 5/325mg two times a day as needed and Gabapentin 300mg twice daily. The patient was also continued on topical anti-inflammatory compounded medication. Recent urine drug screen reports from 12/17/13 noted positive findings for Hydrocodone. No other positive findings were noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

**Decision rationale:** The patient was receiving substantial functional improvement with this medication. There were no compliance issues documented and the patient was receiving medications from one prescriber only. Given the ongoing musculoskeletal complaints primarily in the neck mid back and low back and shoulders, and as Norco allowed the patient to be functional, the request is medically necessary.

**GABAPENTIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The patient did not present with any objective evidence consistent with a neuropathic symptom. The patient's primary symptoms were all musculoskeletal in nature. There was no evidence supporting either diagnosis of lumbar radiculopathy or peripheral neuropathy which would require which would reasonably have benefited from this medication. Gabapentin is a first line recommended medication in the treatment of neuropathic pain; however, given the limited objective findings substantiating the presence of neuropathic symptoms in this patient, the request is not medically necessary.