MAXIMUS Federal Services

Case Number:	CM14-0006288		
Date Assigned:	04/25/2014	Date of Injury:	08/23/1990
Decision Date:	05/29/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/16/2014

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 Occupational 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 an employee of [redacted] and has submitted a claim for neck and shoulder pain, with an industrial injury date of August 23, 1990. Treatment to date has included lumbar laminectomy/dissectomy (December 1991), home exercise program, and medications which include gabapentin, Norco. Medical records from 2012-2014 were reviewed the latest of which dated March 26, 2014 which revealed that the patient complains of neck pain radiating from neck down the right shoulder and right arm. Pain level has increased since last visit (February 27, 2014) because the patient is not getting any medication. Quality of sleep is poor. His acivity level has decreased. He has been trying to cover his pain with Tylenol but it is not effective. His functional status hasdeclined significantly without medication. He has not been able to walk as far, he notes that it has been more difficult to concentrate on tasks. With medications, he noted that he is able to walk further and do daily activities. Since he has been in increased pain and unable to do his exercises, he notes that he is getting weaker, which is worsening his pain. On physical examination, the patient appears to be in moderate pain. On examination of the cervical spine, the is straightening of the spine with loss of normal cervical lordosis. Range of motion is restricted with flexion up to 35 degrees limited by pain, and extension up to 15 degrees limited by pain. There is noted spasm and tight muscle band in the paravertebral muscle on both sides. There is tenderness noted at the paracervical muscles and trapezius. Spurling's maneuve causes pain in the muscles of the neck but no radicular symptoms. On examination of the right shoulder,movements are restricted with flexion up to 45 degrees limited by pain, abduction up to 30 degrees limited by pain. Hawkins test, Neer test, shoulder crossover test, empty can test and O'Brien's test are all positive. Motor examination revealed 4/5 on elbow flexor on the right and 4/5 on shoulder abduction on the right. Utilization review from

January 7, 2014 denied the request for gabapentin 600mg #60 because the patient's pain and functional status were not improving with previous gabapentin intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-17.

Decision rationale: The Expert Reviewer's decision rationale: Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Pages 16-17 of the California MTUS Chronic Pain Medical Treatment Guidelines state that a 30% reduction in pain is clinically important to patients taking antiepilepsy drugs. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. In this case, gabapentin was prescribed since June 2012 for pain relief. The recent clinical evaluation does not indicate pain relief and functional improvement in the patient. Also, there was no documentation of side effects of gabapentin use, therefore, the request for gabapentin 600mg #60 is not medically necessary.