

<b>Case Number:</b>	CM14-0011563		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/24/1999
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 55-year-old male who reported an injury on 11/24/1999. The mechanism of injury was not provided. The clinical note dated 08/09/2013 reported the injured worker complained of constant numbness and tingling to the right upper extremity. The physical examination of the cervical spine revealed foraminal compression was mildly positive on the right and significant spasms and tenderness were noted to the cervical paraspinal muscles. Spurling's maneuver was positive and there was decreased sensation at C4 and C5 on the right. The provider noted the injured worker underwent a cervical epidural injection in 04/2013 and 06/2013 and the injured worker's medication regimen reportedly included ibuprofen and gabapentin. The diagnoses included C4-5 disc herniation with right-sided radicular irritation, mild right shoulder impingement syndrome and right elbow epicondylitis. The treatment plan included recommendations for an updated MRI of the cervical spine, pneumatic cervical traction, urinalysis, prescription for gabapentin and ibuprofen. The clinical note dated 12/16/2013 reported the injured worker complained of neck and upper extremity pain with tenderness and discomfort upon activity. The physical examination of the cervical spine revealed positive head compression sign with numbness across the right deltoid and weakness of the deltoids and biceps on the right side. It was noted the cervical mobility revealed a reduction in flexion, bending and rotation and evidence of spasms in the paracervical region. It was also noted the neurovascular exam was unchanged and otherwise unremarkable. The injured worker's previous treatment included physical therapy, medications to include Naprosyn, Gabapentin, Tizanidine, and Motrin as well as cervical epidural injections at C4 and C5 on the right in 04/2013 and 06/2013. The Request for Authorization for gabapentin was submitted on 12/16/2013. A clear rationale for the requests was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **GABAPENTIN 600 MG #60 X3:** 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 Californial MTUS Guidelines state gabapentin 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. 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. The documentation provided for review states the injured worker has neck pain documented with evidence of radiculopathy, to include radiating pain with numbness. There is a lack of documentation indicating the injured worker has significant quantifiable objective functional improvement with the medication. Therefore, the request for gabapentin 600 mg #60 is not medically necessary.

### **1 URINALYSIS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The CA MTUS Guidelines recommend a urine drug screen be used to assess for the use or presence of illegal drugs and may be required if there is suspected non-compliance or to avoid misuse or abuse of opioids. Due to the lack of documentation provided to show the injured worker had a history of misuse of medications or aberrant behavior, the request is not supported. The documentation provided for review notes the injured worker has undergone prior drug screens dated 08/09/2013 and 12/16/2013 with results consistent with his medication regimen. In the absence of updated clinical information to include a history of misuse of medications or aberrant behavior the request for a repeat urine drug screen is not supported. The provider's rationale for the request was not provided within the documentation. Therefore, the request for a urinalysis is not medically necessary.

### **X RAY OF THE CERVICAL SPINE:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The California MTUS/ACOEM Guidelines state special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; or clarification of the anatomy prior to an invasive procedure. The clinical note dated 12/16/2013 notes radiographs of the cervical spine showed the injured worker had widening and hypermobility at the C4-5 level with a slight amount of translation. The C5-6 disc also had some narrowing on the AP and it was clear that both C4-5 and C5-6 have uncinat process hypertrophy. In the absence of updated clinical information indicating a change in symptoms or pathology, to include emergence of a red flag, physiological evidence of tissue insult or neurological dysfunction, or significant progression of symptoms following the prior x-ray examination the request for a repeat x-ray of the cervical spine is not supported. The provider's rationale for the request was not provided within the documentation. Therefore, the request for x-ray of the cervical spine is not medically necessary.