

Case Number:	CM14-0111877		
Date Assigned:	09/22/2014	Date of Injury:	10/29/2012
Decision Date:	12/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/17/2014

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 Geriatrics and is licensed to practice in New York. 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 48 year old woman with a date of injury of 10/29/12. She was seen by her Orthopedic provider on 5/16/14 in follow up of left shoulder arthroscopy on 5/1/14 with complaints of chronic cervical radicular pain. Her shoulder pain was not present. Her exam showed decreased pin prick in the left upper extremity as compared to the right. Cervical flexion was limited to 15 degrees and extension to 5 degrees. Her biceps and triceps strength was 4/5 on the left and 5/5 on the right. She had pain with palpation along C4-5 with radiation to her left arm and pain along the bilateral paraspinous cervical musculature. Prior MRI in 11/13 showed multilevel spinal canal and neuroforaminal narrowing of the cervical spine. At issue in this review is the prescription for gabapentin and follow up with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg (quantity unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDS).

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

Decision rationale: This worker has chronic neck pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including surgery to her left shoulder. She has ongoing cervical and neck pain. 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. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical records fail to document a discussion of efficacy, functional status or side effects to use. The medical necessity of gabapentin is not substantiated. Therefore, the request is not medically necessary.

Follow up with pain management (frequency unknown): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Worker's Compensation, Office Visits

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: This worker has chronic neck pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including surgery to her left shoulder. She has ongoing cervical and neck pain. A comprehensive multidisciplinary approach to pain management is indicated for patients with more complex or refractory problems. Her physical exam and radiographic findings do not support this complexity. There is also no detail provided with regards to frequency of follow up or goals of follow up care. The medical necessity of a pain management follow up is not substantiated. Therefore, the request is not medically necessary.