MAXIMUS Federal Services

Case Number:	CM14-0122310		
Date Assigned:	08/06/2014	Date of Injury:	03/23/2012
Decision Date:	09/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain Management and is licensed to practice in Texas and Ohio. 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 65-year-old female who reported an injury on after she slipped on oil and fell on a tile floor on 03/23/2012. The clinical note dated 07/02/2014 indicated diagnoses of cervical spine sprain/strain with neural foraminal narrowing at C4-5, C5-6, and C6-7, left upper extremity radicular symptoms, status post left shoulder surgery dated 11/13/2013, lumbar spine with multilevel degenerative disc disease at L3-4 with a 2 mm left paracentral disc protrusion with neural foraminal narrowing, bilateral lower extremity radicular symptoms, and history of hypertension and CAD. The injured worker reported symptoms involving her neck, shoulder, and back, and involving her thumbs. The injured worker reported pain over the cervical spine that radiated to the left shoulder and down the left arm with numbness and tingling and significant pain over the deltoid region, left shoulder pain with restricted motion, and ongoing low back pain that radiated down the right greater than left lower extremity at the ankles with numbness and tingling. The injured worker reported sleep was improved with medication. The injured worker's past history included left shoulder arthroscopy dated 11/13/2013. The injured worker reported she had 12 sessions of physical therapy for neck, shoulders, and low back without benefit, 12 sessions of acupuncture with minimal benefit, and 12 sessions of chiropractic treatment with minimal and temporary benefit. She also had 12 sessions of postop physical therapy. On examination of the cervical spine, there was tenderness to the paraspinals, left greater than right with 1+ palpable muscle spasms. The injured worker's lumbar spine was painful. She had a 30% reduction on abduction and external rotation to the left shoulder. The injured worker's lower extremity motor strength was intact; however, she had hyperesthesia bilaterally at the L5 dermatome. The injured worker also had hyperesthesia on the

left C6-7 dermatomes. The injured worker's treatment plans included continue Vicodin, Naproxen, and Prilosec. The injured worker was also utilizing Gabapentin. The injured worker's medication regimen was Gabapentin, Prilosec and Naproxen. The provider submitted a request for Gabapentin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs Page(s): 18.

Decision rationale: The request for Gabapentin 300mg #90 is not medically necessary. The California MTUS Guidelines recognize gabapentin/Neurontin 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. It was not indicated the injured worker had tried a first line treatment. In addition, there is a lack of documentation of efficacy and functional improvement with the use of Gabapentin. Furthermore, the request does not indicate a frequency for the Gabapentin. Therefore, the request is not medically necessary.