

<b>Case Number:</b>	CM14-0147255		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 and 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 43-year-old female who reported an injury on 12/05/2013 who sustained cumulative trauma type of injuries as a result of which she developed pain in her neck, shoulders and wrist. The injured worker's treatment history included x-rays, physical therapy, and medications. The injured worker was evaluated on 07/15/2014 and it was documented that the injured worker complained of burning radicular neck pain and muscle spasms rated as 4/10, intermittent to frequent, mild to moderate; burning bilateral shoulder pain, 4/10, intermittent to frequent, mild to moderate; burning bilateral wrist pain and muscle spasms, 4/10, intermittent to frequent, mild to moderate; abdominal disturbances and difficulty sleeping. Objective findings: Cervical spine examination revealed tender suboccipital region as well as over both scalene and trapezius muscles. There was decreased range of motion. On bilateral shoulder examination, there was tenderness. Delto/pectoral groove and at the insertion of the supraspinatus muscle, there was decreased range of motion. On bilateral wrist examination, there was tenderness of carpal bones and over the thenar and hypothenar eminence bilaterally. There was decreased range of motion. Diagnoses included headaches, cervical spine strain/sprain, cervical disc displacement HNP, cervical spine radiculopathy, bilateral shoulder internal derangement, bilateral shoulder sprain/strain, bilateral carpal tunnel syndrome, abdominal pain, sleep disorder. Medications included Dicoprofanol, Deprazine, Fanatrex, Synapryn, and Tabradol. Request for Authorization dated 07/15/2014 was for Gabapentin oral solution 250 mg/ 5 mL.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin Oral Solution 250 mg/5 ml: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Page(s): 49.

**Decision rationale:** The request is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an ant epilepsy drug (AEDs, also referred to as anticonvulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first line treatment for neuropathic pain. The documentation submitted had a lack of evidence of the efficacy of the requested drug after the injured worker takes the medication. The medical records and guidelines do support that rationale or indication for Gabapentin for neuropathic pain for the injured worker. However, the request that was submitted for gabapentin oral solution 250 mg/5ml failed to include duration and frequency for the injured worker. As such, the request for Gabapentin oral solution 250 mg/5ml is not medically necessary.