

Case Number:	CM14-0167716		
Date Assigned:	10/15/2014	Date of Injury:	01/04/2013
Decision Date:	12/12/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Interventional Spine 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 a 52-year-old female with a date of injury of 01/04/2013. The listed diagnoses per [REDACTED] are cervical disk disease; cervical radiculopathy; cervical facet syndrome; left shoulder impingement syndrome; right carpal tunnel syndrome; lumbar disk disease; lumbar radiculopathy; and lumbar facet syndrome. According to progress report 09/09/2014, the patient presents with cervical spine and lumbar spine pain which she rates as 9/10. The patient describes the cervical spine pain as constant aching stabbing which radiates to the bilateral shoulders and down to the hands with weakness and numbness. Lumbar spine pain is described as constant, throbbing, radiating pain into the bilateral legs and down to the heels with numbness and tingling noted. Examination of the cervical spine revealed decreased range of motion on all planes and decreased sensation along the right C7 dermatomes. Examination of the lumbar spine revealed diffuse tenderness to palpation, spasm over the lumbar paraspinal muscles. There is moderate facet tenderness to palpation at the L4 to S1 levels. Kemp's test is positive bilaterally. There is trace sensation along the L4 dermatomes bilaterally. The provider is requesting Gabapentin 300 mg #60. Utilization review denied the request on 10/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, one by mouth twice a day, Quantity: 60, for symptoms related neck, left shoulder and lower back work injury: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

Decision rationale: This patient presents with neck and low back pain which radiates into the bilateral upper extremities. The request for authorization from 09/23/2014 requests Gabapentin 300 mg, 1 p.o. b.i.d. #60. The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered the first line of treatment for neuropathic pain." Review of the medical file indicates the patient has been utilizing Gabapentin since 05/20/2014 for her radicular symptoms. Although the patient meets the indication for Gabapentin, the provider does not discuss this medication's efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of this medication cannot be supported. Therefore, this request is not medically necessary.