

Case Number:	CM14-0172516		
Date Assigned:	10/23/2014	Date of Injury:	03/21/2006
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Medicine 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:

This is a 53 years old male patient who sustained an injury on 3/21/2006. He sustained the injury while rolling boxes with hand truck down a ramp into the back of restaurant; the hand truck slipped on a greasy floor and fell into open trench in kitchen taking him down with it. The current diagnoses include cervical and lumbar disc herniation, cervical and lumbar radiculopathy and lumbar intervertebral disc disorder. He has had psychiatric evaluation on 9/16/14. Per the doctor's note dated 8/14/14, he had limited range of motion to the neck and arms associated with severe muscle spasms, moderate to severe headaches with blurry vision, tingling and numbness in the cervical region as well as weakness to bilateral arms is progressing while carrying objects, writing and or grasping and low back pain, limited range of motion of the lumbar spine with tingling and numbness to both legs. The physical examination revealed cervical spine: weakness in both arms progressive; lumbar spine: weakness along with tingling and numbness in both legs progressive. The medications list includes gabapentin, hydrocodone, lyrica, zolpidem, terocin patches and topical compound cream. He has undergone left rotator cuff surgery in 2008, a lumbar discectomy and fusion in June 2008, a twolevelcervical fusion in January 2010 and a three-level cervical fusion in August 2012. he had trigger point injection on 8/14/14. He had left sacroiliac joint injection on 6/18/14 and 7/30/14. He has had lumbar MRI dated 2/13/14 which revealed surgical changes at the level of L4 down to LS consistent with an anterior and posterior surgical fusion, straightening of the lumbar lordotic curvature which may reflect an element of myospasm, L4- L5 status post interbody fusion with no evidence of recurrent/residual disc protrusion, facet and ligamentum flavum hypertrophy, patent spinal canal, bilateral lateral recesses and bilateral neural foramen, LS-S1 facet joints and ligamentum hypertrophy, patent spinal canal, bilateral lateral recesses and bilateral neural foramen; electrodiagnostic studies for the lower extremities dated 5/6/14 which revealed mild chronic L5 radiculopathy on the left;

lumbar CT scan dated 5/21/14 which revealed straightening of the lumbar lordosis, evidence of prior fusion at L4-L5 with solid fusion, no lucency surrounding the hardware to suggest any hardware loosening, 2 mm bilateral posterolateral disc protrusions at L2-L3 with mild bilateral foraminal narrowing, 1.5 mm broad-based disc bulge and facet hypertrophy at L3-L4 with mild bilateral foraminal narrowing; cervical MRI dated 6/12/14 which revealed anterior fusion with plate and screw fixation and interbody spacer placement from C3-C4 through C6-C7, without evidence of hardware failure, loosening or infection, posterior fixation and laminotomy residuals visualized from C3-C5, with associated soft tissue changes, scant ventral epidural enhancing regions at the surgical levels likely represents normal vasculature with minimal scar formation. He has had urine drug screening test on 5/12/14 which was inconsistent for hydromorphone; test on 6/18/14 which was positive for hydrocodone and hydromorphone; test on 8/14/14 which was inconsistent for hydromorphone and zolpidem. He has had physical therapy visits and chiropractic visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 MTUS Title 8, California Code of Regulations, page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
SPECIFIC ANTI-EPILEPSY DRUGS: Gabapentin (Neurontin, Gabarone, generic available)
Page(s):.

Decision rationale: Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) 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." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002)Fibromyalgia: Recommended as a trial. (Arnold, 2007)Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study"The patient had neck and low back pain with radicular symptoms with history of neck and lumbar surgery.Gabapentin is recommended in patients with this clinical condition.This request for Gabapentin 300mg is certified as medically appropriate and necessary.