

Case Number:	CM14-0178029		
Date Assigned:	10/31/2014	Date of Injury:	04/24/2003
Decision Date:	12/08/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/27/2014

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 Practice and is licensed to practice in 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 60 year old male with a date of injury of 4-24-2003. A garage door had fallen on him causing a loss of consciousness and 2 fractured ribs. He began to experience neck pain, daily, headaches, and pain into his arms. Cervical disc disease was discovered by MRI scan and a severe bilateral C5-C6 radiculopathy was found by electrodiagnostic studies. On 8-18-2011 he had an anterior cervical fusion from C3-T1. Neck pain with radicular radiation persisted post surgically and in late 2012 he had removal of the hardware which had loosened. The left arm pain and complaints of dysesthesia resolved shortly after surgery. He continued, however, to have severe daily headaches and neck pain. The notes state there is radiation into the arms but there is no neurologic physical exam of the upper extremities in the notes after December 2012. The physical exam shows reduced cervical range of motion and a bilaterally positive occipital Tinel's sign. The diagnoses include cervical disc disease, cervical radiculitis, chronic daily headaches, and cervical spondylolisthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Neurontin 300mg #90: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Pain (Chronic), Gabapentin (Neurontin®) J Am Osteopath Assoc April 1, 2005 vol. 105 no. 4 suppl 16S-22S Cervicogenic Headache: A Review of Diagnostic and Treatment Strategies

Decision rationale: While the injured worker's cervical radiculopathy has evidently resolved after removal of the fusion hardware, he has cervicogenic headaches as evidenced by the positive occipital Tinel's sign. Cervicogenic headache is a relatively common cause of chronic headache that is often misdiagnosed or unrecognized. Its presenting symptom complex can be similar to that of the more commonly encountered primary headache disorders such as migraine or tension-type headache. Early diagnosis and management by way of a comprehensive, multidisciplinary pain treatment program can significantly decrease the protracted course of costly treatment and disability that is often associated with this challenging pain disorder. It is often successfully treated with selective nerve blocks but anticonvulsant medication such as gabapentin may be helpful. Because the occipital nerve is often compressed or inflamed, this may be said to represent a localized neuropathy. In this instance, pain relief from medications is said to be 40%. Gabapentin (Neurontin) is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which 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. Therefore, Neurontin 300mg #90 is medically necessary.