MAXIMUS Federal Services

Case Number:	CM14-0180765		
Date Assigned:	11/05/2014	Date of Injury:	10/23/2013
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 57 year old male who had a work injury dated 10/23/13. The diagnoses include cervical pain with radiculitis, foot and ankle pain. Under consideration are requests for Gabapentin 300mg #90. The document dated 7/16/14 states that the patient stopped the medications due to risk for hepatitis. He is taking Ibuprofen with some benefit. He continues to complain of neck pain with weakness in his legs and electrical feeling going to his legs. The patient has gait that is non-antalgic. The patient is able to heel and toe walk but with pain. He has cervical spine muscle spasm and guarding. He has limited and painful cervical range of motion. His motor strength is 5/ 5 bilateral upper extremities. Sensation is normal to light touch, pinprick and temperature along all dermatomes bilateral upper extremities except decreased along right C6, 7, 8 to all modalities. DTRs are 1 + triceps, 1 + bilateral biceps and 1 + brachioradialis. Left ankle joint tenderness lateral medial with left ankle, impingement test is positive on the left. The treatment plan includes stop Oxycodone and Diclofenac and start Gabapentin.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)- Anti-epilepsy drugs (AEDs) for pain

Decision rationale: Gabapentin 300mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and ODG guidelines. The MTUS states that Gabapentin 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 in conditions such as spinal cord injury, CRPS; Fibromyalgia; lumbar spinal stenosis; postherpetic neuralgia; and off label for diabetic neuropathy. The ODG states that there are few randomized control trials directed at central pain and none for painful radiculopathy. The request for Gabapentin 300mg #90 is not medically necessary.