

<b>Case Number:</b>	CM14-0032572		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/17/1997
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 63 year old male who had a work related injury on 02/17/97, there was no mechanism of injury documented. Since the injury the injured worker had a number of injections and developed a chronic regional pain syndrome. He had stellate ganglion blocks in the past with good results however the most recent block on 03/07/13 resulted in only 30% subjective improvement. He had a cervical epidural steroid injection on 01/13/14 with benefit. The injured worker is currently taking gabapentin and Cymbalta. The injured worker use of gabapentin is limited during the daytime secondary to drowsiness. On the progress note dated 03/12/14, visual analog scale the patient currently rated his pain at 8/10 with use of gabapentin and Cymbalta. Without medications he felt his pain levels to be elevated at 9/10. At its best the patient noted he had days where the pain was reduced down to 5/10. He noted some functional improvement and some improvement with pain levels with medication. He noted improvement in his ability to participate in activities of daily living and better function with the use of upper extremities. Without the medication the injured worker stated he would be very limited to participate in any activities that involved his upper extremities. Urine drug testing showed compliance with prescribed medication the patient had a signed opioid agreement. On physical examination of the cervical spine there was myofascial tenderness over the left greater than right paraspinous musculature with 1+ muscle spasm and negative Spurling's maneuver. Cervical flexion to 30 degrees, cervical extension to 40 degrees, and rotation to 50 degrees right and left. Right shoulder exam there was tenderness over the anterior aspect and subacromial bursa, range of motion was restricted by pain. Left shoulder examination, had positive allodynia over the deltoid, range of motion was limited as the injured worker was apprehensive to move his left arm. There weakness in the left deltoid 4/5, 5/5 strength in right deltoid. There was hypoesthesia in the left C7 dermatome, and the patient was guarding the left shoulder. Diagnosis ,

aggravation of neuropathic pain left upper extremity, cervical sprain/strain with cervical degenerative disc disease, bilateral neural foraminal stenosis C4 through C7 per MRI on 10/11/13, and status post left shoulder arthroscopy and open subacromial decompression revision and distal clavicle resection 07/29/13, status post rotator cuff repair times on bilateral shoulders and status post repeat left shoulder surgery on 10/15/12, mild acute C5-6 radiculopathy on the left per electrodiagnostic studies on 11/04/10, and complex regional pain syndrome bilateral upper extremities. The request was for gabapentin 600mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**GABAPENTIN 600 MG #60, AS AN OUTPATIENT FOR NECK PAIN:** 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 Antiepilepsy Drugs Page(s): 16-22.

**Decision rationale:** The request for Gabapentin 600 mg #60 is not medically necessary. The clinical documents submitted for review do not support the request for Gabapentin. The injured worker use of gabapentin is limited during the daytime secondary to drowsiness. . On the progress note dated 03/12/14, visual analog scale the patient currently rated his pain at 8/10 with use of gabapentin and Cymbalta. Without medications he felt his pain levels to be elevated at 9/10. Other medications including Lyrica, tricyclic antidepressants may be trialed for better functional relief . As such medical necessity has not been established.