

<b>Case Number:</b>	CM14-0039961		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	11/24/1999
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 and is licensed to practice in Nevada. 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 55 year-old male who was reportedly injured on 11/24/1999. The mechanism of injury is noted as auto pedestrian accident. The most recent progress note dated 3/28/2014, indicates that there are ongoing complaints of neck and right shoulder pain. The physical examination demonstrated cervical spine: mild torticollis to the right. Head compression sign is positive, Spurling's maneuver is positive to the right, positive tenderness and muscle spasm at rest and with range of motion to the right. Pain with scapular retraction. Right scapula has swelling/inflammation. Biceps reflexes diminished. Biceps strength and wrist extensor strength are diminished. Decreased sensation dorsal aspect of the hand. Right shoulder: tenderness to palpation at the sternoclavicular joint, anterior capsule and acromioclavicular joint. Limited range of motion with crepitation. Neers, and Hawkins are positive. Muscle strength 4+/5. No reason diagnostic studies are available for review. Previous treatment includes epidural steroid injection, medications and conservative treatment. A request was made for gabapentin 600mg, #90 and was not certified in the pre-authorization process on 3/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Gabapentin 600mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Page(s): 16-20, 49 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. It is noted the injured worker has diminished sensation on the dorsal aspect of the hand, otherwise no other objective clinical signs of radiculopathy or present. As such, this request for Neurontin is not medically necessary.