

<b>Case Number:</b>	CM14-0047715		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/20/2006
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

1/17/14 report notes pain radiating from the neck into the bilateral upper extremities and increased with lifting, prolonged posturing, and repetitive motions. Examination noted positive spurling's maneuver and positive parasthesias in the first through third fingers in the C6 nerve distribution. 3/3/14 EMG study of the upper extremities noted mild left median sensory neuropathy at the wrist. 4/10/14 note indicates the insured is taking a medical for seizures. There is pain in the neck that is aggravated by head turning. There were headaches noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Gabapentin 600mg #90 with 5 refills: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; National Guideline Clearinghouse.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): page 16-17.

**Decision rationale:** The medical records provided for review indicate neuropathic pain (parasthesias) with associated EMG findings. MTUS guidelines support the use of AED, such as gabapentin, for treatment of neuropathic pain. Therefore, the request is medically necessary.

