

<b>Case Number:</b>	CM14-0061028		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/12/1996
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on February 12, 1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 11, 2014 indicated that there were ongoing complaints of cervical spine pain and complex regional pain syndrome of the left upper extremity. Current medications include OxyContin, oxycodone, Gabitril, clonazepam, Cymbalta, and Pennsaid. The physical examination demonstrated tenderness along the cervical spine with myofascial trigger points at the trapezius and rhomboid muscles. There was decreased cervical spine range of motion with muscle spasms. There was stated to be no hypersensitivity to touch of the left hand and decreased sensation at the median, ulnar, and radial nerve distributions. There was also tenderness along the paraspinal muscles of the thoracic spine. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included the cord stimulator and independent exercise. A request had been made for Gabitril and was not certified in the pre-authorization process on March 24, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabitril 4 mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Low Back;Table 2, Summary of Recommendations, Low>

Back Disorders.ACOEM-[https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.ACOEM-<https://www.acoempracguides.org/Shoulder>; Table 2, Summary of Recommendations, Shoulder Disorders.ODG Worker's Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Gabitril, updated July 10, 2014.

**Decision rationale:** Gabitril is an anti-epileptic medication. The Official Disability Guidelines support the use of antiepileptic drugs in certain clinical settings for neuropathic pain. The guidelines note that a good response to the use of antiepileptic medications is defined as a 50% reduction in pain. The progress note, dated May 11, 2014, did state that the injured employee received over 50% relief from the use of this medication. The request for Gabitril is medically necessary.