

Case Number:	CM14-0061318		
Date Assigned:	07/18/2014	Date of Injury:	12/18/2008
Decision Date:	09/19/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 48-year-old woman who sustained a work-related injury on December 18, 2008. She subsequently developed chronic neck and back pain. According to report dated on April 10, 2104, the patient complained of neck, mid and low back pain, which was rated 8-9/10. She has completed 15 sessions of chiropractic therapy, which helped decrease her pain and increase her function. She has had a history of CRPS and received two nerve blocks in the past without efficacy. The patient was reported to have transforaminal epidural steroid injection in the left L4-5 nerve roots on April 12, 2013. The patient continued to participate in a home exercise. The patient was taking Gabapentin, Flexeril, Naproxen, and Prilosec. She denied any adverse effects from these medications. Her physical examination revealed tenderness to palpation of the cervical, thoracic, and lumbar paraspinal musculature bilaterally with reduced range of motion. She has decreased sensation in the left C6 and C8 dermatomes. However, she does report a history of carpal tunnel syndrome. She also has decreased sensation in the left L4, L5, and S1 dermatomes. She has 4+/5 strength in her left wrist extensors and flexors, internal and external rotators. She has 5-/5 strength in her left deltoids and biceps. She has 4+/5 strength in her left quadriceps, hamstrings, tibialis anterior, EHL, inversion, plantar flexors and evertors. She has a negative Hoffmann's bilaterally. She is hyporeflexic bilaterally throughout the upper extremities. The MRI of the cervical spine dated December 13, 2013 showed degenerative disc disease and facet arthropathy with anterolisthesis C4-5, retrolisthesis C5-6 and canal stenosis. The patient was diagnosed with HNP of the lumbar and cervical spine, cervical stenosis, CRPS with failed spinal cord stimulator, and right trochanteric bursitis. The provider requested authorization for Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: According to MTUS guidelines, Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. In addition, the medical report dated December 17, 2013 indicates that the patient did not respond to previous use of Neurontin. Therefore, the prescription of Gabapentin 600 mg #90 is not medically necessary.