MAXIMUS Federal Services

Case Number:	CM14-0068693		
Date Assigned:	07/14/2014	Date of Injury:	11/09/2006
Decision Date:	09/10/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/13/2014

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 California. 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:

This 51 year-old patient sustained an injury on 11/9/06 while employed by [redacted]. Request(s) under consideration include Gabapentin 600 mg #30. Report of 2/19/14 from the provider noted the patient with ongoing chronic multiple pain complaints to the low back, neck, and head with dizziness, depression, and anxiety. The patient continues to utilize his medications with benefit. EMG/NCV dated 8/17/11 had impression of normal study without lumbar radiculopathy/plexopathy/ or mononeuropathy. MRI of brain dated 10/22/12 noted no acute intracranial process; cavernoma, less likely reflect prior trauma or microhemorrhage. Current medications list Protonix, Pristiq, and Topamax. Exam only documented well-developed, well-nourished in no cardiorespiratory distress; alert and oriented; ambutes without assistance. Diagnoses included lumbar and cervical disc displacement without myelopathy; headache; depression/anxiety; and pain psychogenic. Treatment included neurology consult; H-wave; opthalmology consult; HPE; and medications. The patient remained P&S. Report of 5/14/14 noted unchanged neck, back, and head pain with dizziness. Been using Gabapentin and has discontinued Topamax. Gabapentin is noted to relieve neuropathic pain and tinnitus. Brief exam unchanged with neurological findings reporting no sign of hallucination/ amnesia; good normal judgement and emotional state; ambulating without assistance; there was no peripheral nervous system evaluation of motor strength; sensation; DTRs or spinal evaluation. Gabapentin was recommended by another provider for treatment of tinnitus. Request(s) for Gabapentin 600 mg #30 was non-certified on 5/6/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

Decision rationale: This 51 year-old patient sustained an injury on 11/9/06 while employed by [redacted]. Request(s) under consideration include Gabapentin 600 mg #30. Report of 2/19/14 from the provider noted the patient with ongoing chronic multiple pain complaints to the low back, neck, and head with dizziness, depression, and anxiety. The patient continues to utilize his medications with benefit. EMG/NCV dated 8/17/11 had impression of normal study without lumbar radiculopathy/plexopathy/ or mononeuropathy. MRI of brain dated 10/22/12 noted no acute intracranial process; cavernoma, less likely reflect prior trauma or microhemorrhage. Current medications list Protonix, Pristiq, and Topamax. Exam only documented well-developed, well-nourished in no cardiorespiratory distress; alert and oriented; ambutes without assistance. Diagnoses included lumbar and cervical disc displacement without myelopathy; headache; depression/anxiety; and pain psychogenic. Treatment included neurology consult; H-wave; opthalmology consult; HPE; and medications. The patient remained P&S. Report of 5/14/14 noted unchanged neck, back, and head pain with dizziness. Been using Gabapentin and has discontinued Topamax. Gabapentin is noted to relieve neuropathic pain and tinnitus. Brief exam unchanged with neurological findings reporting no sign of hallucination/ amnesia; good normal judgement and emotional state; ambulating without assistance; there was no peripheral nervous system evaluation of motor strength; sensation; DTRs or spinal evaluation. Gabapentin was recommended by another provider for treatment of tinnitus. Request(s) for Gabapentin 600 mg #30 was non-certified on 5/6/14. Although Neurontin (Gabapentin) 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 is no FDA approval for treatment of tinnitus. Submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2006 injury. Medical reports have not demonstrated specific neurological deficits or neuropathic pain and medical necessity have not been established. The Gabapentin 600 mg #30 is not medically necessary and appropriate.