

<b>Case Number:</b>	CM14-0076173		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/14/2006
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 54-year-old female was reportedly injured on November 14, 2006. The mechanism of injury was catching a box of falling copier paper. The most recent progress note, dated May 2, 2014, indicated that there were ongoing complaints of neck pain and bilateral shoulder pain. Medications include Omeprazole, Colace, MS Contin, Senokot, gabapentin, Norco, albuterol, amitriptyline, Effexor, EpiPen, Levsin, and naproxen. It was stated that the current dosage of morphine 30mg three times daily was not strong enough for breakthrough pain. The physical examination demonstrated decreased cervical spine range of motion with pain. There was a positive Spurling's maneuver causing pain to the upper extremity, although it was not stated which one. Previous treatment included a steroid injection for the shoulder, three cervical spine epidural steroid injections, cervical spine fusion surgery, a left shoulder arthroscopy and decompression, and a home exercise program. A request was made for gabapentin and MS Contin and was not certified in the pre-authorization process on May 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 800mg tablets, one tablet three times, daily #45.:** 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 (AEDs) Page(s): 16-20, 49 of127.

**Decision rationale:** Gabapentin is an antiepileptic medication indicated for relief of neuropathic pain. According to the most recent progress note dated May 2, 2014, the injured employee did not have any complaints of radicular symptoms nor were there any radicular findings on physical examination. Therefore, this request for gabapentin is not medically necessary.

**MS contin 15mg tablets, one every twelve hours, #30.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93 of127.

**Decision rationale:** According to the most recent progress note, dated May 2, 2014, the injured employee has been previously prescribed MS Contin as well as Norco. There is no pain relief attributed specifically to MS Contin 30 mg for the injured employee's complaints of breakthrough pain. This request is for a lower dosage of 15 mg, which is assumed to have even less efficacy. Furthermore, there is no justification for the addition of MS Contin to the existing opioid medication, Norco. For these multiple reasons, this request for MS Contin 15 mg once every 12 hours is not medically necessary.