

Case Number:	CM14-0135511		
Date Assigned:	08/27/2014	Date of Injury:	02/12/1996
Decision Date:	12/21/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 52 year old female, who sustained an industrial injury on 2-12-1996. The injured worker is undergoing treatment for: cervicalgia, pain to the shoulder, upper arm, neck and upper thoracic. On 7-30-14, and 9-17-14, she was seen for reported pain to the neck, thoracic spine, and left upper extremity. Gabitril 4mg 2 tablets nightly is reported to be taken for anodyne symptoms and "has reduced symptoms by over 50 percent". "Neuralgia has decreased in the left upper extremity and, as a consequence anxiety has decreased". Her activities of daily living are noted as limited from chronic pain and tolerated with her current medications. Examination revealed her to have muscle spasm in the left shoulder, and increased left shoulder adduction, normal stance, cervical thoracic junction kyphosis at 40 degrees, tenderness at trigger points in the neck and upper thoracic region, decreased thoracic range of motion. The treatment and diagnostic testing to date has included: left C5-6 transforaminal steroid injection (8-31-11 and 8-5-13), spinal cord stimulator (2006), medications, psychotherapy, and an exercise ball. Medications have included: gabitril, Cymbalta, clonazepam, oxycodone, oxycontin, fentora mucosal, Lexapro. The records indicate she has been utilizing gabitril since at least July 2014, possibly longer. Current work status: restricted. The request for authorization is for: Gabitril 4 mg tabs, 2 tabs by mouth at night quantity 60, 30 day fill with no refills, for nerve pain of the left shoulder and cervical spine as an outpatient. The UR dated 8-14-2014: non-certified the request for Gabitril 4 mg tabs, 2 tabs by mouth at night quantity 60, 30 day fill with no refills, for nerve pain of the left shoulder and cervical spine as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabril 4mg tabs, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Worker's Compensation Drug Formulary: drugs.com and www.odg-twc.com/odgtwc/formulary.htm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Per CA MTUS / specific anti-epilepsy drugs, Tiagabine / Gabril "are among the antiepileptic drugs (AEDs) most recently approved, while these drugs may be effective for neuropathic pain, the ultimate role of these agents for pain requires further research and experience (ICSI, 2007) (Knotkova, 2007) (Eisenberg, 2007). In the interim, these agents should be used to treat neuropathic pain only when carbamazepine, Gabapentin, or lamotrigine cannot be used. (Guay, 2003)" In this case, there is no evidence of neuropathic pain. There is no evidence of failure of treatment with carbamazepine, Gabapentin, or lamotrigine. Thus, the prescription is not medically necessary and the recommendation is for non-certification.