

Case Number:	CM14-0184379		
Date Assigned:	11/10/2014	Date of Injury:	09/30/2002
Decision Date:	01/02/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/04/2014

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 Internal medicine, and is licensed to practice in Maryland. 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 employee was a 57 year old male who sustained an industrial injury on 09/30/02. He was being treated for neck pain and left shoulder pain. He was status post cervical discectomy and fusion at C5-6. His cervical spine MRI on 09/25/12 showed C3-4 severe left and moderate to severe right foraminal stenosis with compression of the exiting C4 nerve root, C4-5 severe left foraminal stenosis with compression of the exiting left C5 nerve root, C5-6 moderate to severe left foraminal stenosis with probable compression of the exiting left C6 nerve root. The progress note from 10/03/14 was reviewed. His complaints included neck pain, right upper extremity pain with numbness, tingling and muscle weakness. He reported that the Flexeril helped him with muscle twitches. He was taking MSContin and MSIR and they were helpful for him to run errands, do his own laundry and clean his home. He reported a pain of 5-6/10. He had never tried gabapentin for nerve pain. He was started on Gabapentin for neuropathy pain. This was started to taper his MSIR down.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg BID #30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Page(s): 16 & 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Gabapentin Page(s): 18.

Decision rationale: The employee was a 57 year old male who sustained an industrial injury on 09/30/02. He was being treated for neck pain and left shoulder pain. He was status post cervical discectomy and fusion at C5-6. His cervical spine MRI on 09/25/12 showed C3-4 severe left and moderate to severe right foraminal stenosis with compression of the exiting C4 nerve root, C4-5 severe left foraminal stenosis with compression of the exiting left C5 nerve root, C5-6 moderate to severe left foraminal stenosis with probable compression of the exiting left C6 nerve root. The progress note from 10/03/14 was reviewed. His complaints included neck pain, right upper extremity pain with numbness, tingling and muscle weakness. He reported that the Flexeril helped him with muscle twitches. He was taking MSContin and MSIR and they were helpful for him to run errands, do his own laundry and clean his home. He reported a pain of 5-6/10. He had never tried gabapentin for nerve pain. He was started on Gabapentin for neuropathy pain. This was started to taper his MSIR down. According to MTUS, Chronic Pain Medical Treatment guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been as a first line treatment for neuropathic pain. The employee had neck pain and was status post spine fusion. His MRI of the C spine showed multilevel foraminal stenosis with nerve root impingement. He was other medications including opioids and continued to have pain. Hence the use of Gabapentin for radiculopathy is medically necessary and appropriate.