MAXIMUS Federal Services

Case Number:	CM14-0188604		
Date Assigned:	11/19/2014	Date of Injury:	04/01/2011
Decision Date:	01/07/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational Medicine 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 is a 61-year-old female with a 4/1/11 date of injury. According to a progress report dated 9/29/14, the patient reported increasing stiffness in her neck and upper back along with mild-to-moderate spasms in the shoulder blades with pain radiating down the upper arm into her forearms. She rated her pain as a 4/10. She has had interrupted sleep with frequent wakening over the last 2 to 3 weeks. An 8/5/14 progress report noted that gabapentin has helped decrease the burning sensation in her shoulder blades as well as upper arms. Objective findings: palpatory exam revealed tender points over the sub occiput and mid and lower cervical paraspinals, normal cervical range of motion, mildly positive bilateral shoulder impingement sign, bilateral wrist and hand examination shows mild intrinsic atrophy. Diagnostic impression: chronic bilateral upper extremity pain secondary to thoracic outlet syndrome, acute flare up of chronic myofascial pain, chronic pain related insomnia. Treatment to date: medication management, activity modification.A UR decision dated 11/5/14 denied the request for gabapentin. There is no medical documentation submitted to support this request. Without documentation of current status or rationale for request, certification cannot be provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs; Gabapentin Page(s): 16-18,49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, in the present case, the patient reported neck and upper back pain that radiated down the upper arm into her forearms. In addition, she indicated that gabapentin has helped decrease the burning sensation in her shoulder blades as well as upper arms. Guidelines support the use of gabapentin as a first-line agent for the treatment of neuropathic pain, especially with documentation of benefit. Therefore, the request for Gabapentin 300mg #90 is medically necessary.