

Case Number:	CM14-0195492		
Date Assigned:	12/03/2014	Date of Injury:	05/09/2001
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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 New York. 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 claimant is a 59 year old female who sustained an industrial injury on 05/09/2001. The mechanism of injury occurred when a man grabbed her by the neck in an attempt to steal her purse. He proceeded to kick her in the stomach and then dragged her to his car by the neck a distance of 75-90 feet. Her diagnoses include status post head injury, neck pain, bilateral shoulder sprain/strain; moderate to severe carpal tunnel syndrome and multilevel disc bulges. She continues to complain of neck, right shoulder and low back pain. On physical exam there is pain and tenderness of the paracervical and trapezius musculature. Cervical range of motion is limited. There is limited range of motion of the right shoulder with a positive impingement sign. There is lumbar tenderness and a positive straight leg raise. Treatment has included medical therapy, bilateral shoulder surgeries and right knee surgery. The treating provider has requested Gabapentin 300mg #90.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS 2009 Page(s): 13.

Decision rationale: The recommended medication, Gabapentin is medically necessary for the treatment of the patient's condition. The medication is part of her medical regimen and per California MTUS Guidelines 2009 anti-epilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and the medical record documents a positive response. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.