

<b>Case Number:</b>	CM14-0197772		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	09/18/2008
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 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 65 year-old patient sustained an injury on 9/18/08 from unloading boxes from a truck while employed by [REDACTED]. Request(s) under consideration include Gabapentin 600mg 1 cap, 3 times daily. Diagnoses include cervical spondylosis without myelopathy; shoulder pain; pelvis monoarthritis; hip joint replacement and hip enthesopathy. Conservative care has included medications, therapy, TENS unit and modified activities/rest. Medications list Norco, Celebrex, and Gabapentin. MRI of the cervical spine dated 7/5/14 showed anterior fusion at C3-6 with spinal stenosis and bilateral foraminal narrowing. EMG/NCS of 10/5/12 showed left C5,6 radiculopathy and mild right CTS with mild/moderate left CTS. Report of 10/28/14 from the provider noted the patient with chronic ongoing neck pain radiating to left upper extremity with associated hand dysesthesias; epigastric pain. Medications provided benefit. Exam showed unchanged findings of cervical spine scar; diffuse decreased sensation in left arm; decreased bilateral shoulder range of motion with diffuse diminished motor strength of 4+/5 throughout. Treatment plan included continuing with medications, repeat EMG, TENS unit, and the patient remained temporarily disabled. The request(s) for Gabapentin 600mg 1 cap, 3 times daily was modified #90 on 11/14/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 600mg 1 cap, 3 times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261, Chronic Pain Treatment Guidelines Page(s): 16, 22, 67-68, 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

**Decision rationale:** Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic 2008 injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. The request for Gabapentin 600mg 1 cap, 3 times daily is not medically necessary and appropriate.