

Case Number:	CM14-0201929		
Date Assigned:	12/12/2014	Date of Injury:	05/15/2013
Decision Date:	02/03/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine 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 44 year old female was a dishwasher when she sustained an injury on May 15, 2013. The injured worker reported an injury to her right upper extremity when she placed an approximately 50 pounds mixing bowl in the dishwasher. The pain radiated up to her cervical spine. On October 5, 2013, an electrodiagnostic study revealed a mild right C6 or possible C5 radiculopathy. On November 7, 2013, a MRI on the cervical spine revealed disc degeneration at C5-6 and C6-7, and bulging and neuroforaminal stenosis at C6-7 and C7-T1. On May 22, 2014, a MRI of the right wrist revealed mild extensor carpi ulnar tendinosis, degeneration of the triangular fibrocartilage with central thinning but no visible tear, and degeneration of the scapholunate ligament. Past treatment included TENS (transcutaneous electrical nerve stimulation), anti-epileptic medication, anti-inflammatory injections, cervical epidural steroid injection, right wrist brace, acupuncture, and paraffin baths. On Sept 12, 2014, the primary treating physician noted continued neck pain that radiates to the right upper extremity and right wrist numbness and tingling. TENS and medications decrease her pain. The injured worker wears a right wrist brace. The physical exam revealed decreased cervical range of motion, tenderness to palpation of the cervical paraspinals muscles, positive Phalen's test, and positive Finkelstein in the right wrist. Diagnoses were cervical sprain/strain, right sided cervical radiculopathy, carpal tunnel syndrome, and tenosynovitis of the wrist or hand. The physician recommended continuing the current anti-epileptic, proton pump inhibitor, and pain medications, and right wrist brace at night. The physician noted that a prior cervical epidural steroid injection was helpful for only 3 weeks. Current work status is modified duty. On October 28, 2014 Utilization Review modified a prescription for Gabapentin 100mg #60 to #30 in order to wean the medication, as the abrupt cessation of Gabapentin is not advisable. The Gabapentin was modified based on the lack of evidence of neuropathic type pain on the physical exam. There was no documentation that the

radicular pain of the upper extremity was reproduced on the physical exam. There was no documentation of substantial improvement with previous anti-epileptic medications; therefore the request for Gabapentin is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines for anti-epileptic medications were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines specific anti-epilepsy drugs Page(s): 18-19.

Decision rationale: The patient is a 44 year-old female who injured her neck and arm on 5/15/13. She had an electrodiagnostic study on 10/5/13 that revealed a mild right C6 or possible C5 radiculopathy. The 10/17/13 family practice report lists the diagnosis as cervical strain; carpal tunnel syndrome; tenosynovitis, wrist/hand; and cervical radiculopathy. The request is for continued use of Gabapentin 100mg #60 MTUS Chronic Pain Medical Treatment Guidelines, pages 18-19 under specific anti-epilepsy drugs for Neurontin states: "Gabapentin (Neurontin, Gaborone, generic available) 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." Thirteen medical reports from 11/05/2013 through 12/06/2014 were reviewed. The patient was using Topiramate from 11/5/13 through 5/19/2014. The first report that shows use of gabapentin is dated 9/12/14. The next available report was dated 12/6/14 and documents 40% reduction in pain with medications. The physician was in the process of titrating up from gabapentin 100mg 1/day to 2x/day and wanted to go up to 3x/day. The physician appears to be using gabapentin for neuropathic pain, as the patient has been diagnosed with carpal tunnel syndrome, as well as cervical radiculitis, with some corroboration with electrodiagnostic studies. The request for continued use of Gabapentin 100mg #60 is medically necessary.