

Case Number:	CM14-0202522		
Date Assigned:	12/15/2014	Date of Injury:	10/18/2012
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old a male who sustained a work related injury on 10/18/2012 when he was removing six large sheets of heavy work material from an A frame which fell on him resulting in a crush injury with loss of consciousness. He has undergone a closed reduction surgery on the left shoulder and also right ankle surgery on April 24, 2012. Per the Primary Treating Physician's Progress Report dated 11/07/2014 the injured worker reported neck pain with radiation down the left arm, and back pain radiating from the low back down the right leg, left upper extremity pain, right lower extremity pain and left shoulder pain. Pain with medications is rated as 4 out of 10 on a scale of 1-10 and pain level without medications as 8 out of 10. Activity level is the same and quality of sleep is poor. He requests Norco and reports headaches with Suboxone. He notes Amitriptyline has been helpful with sleep. Per the 6/20/2014 spinal cord stimulator evaluation a spinal cord stimulator is not contraindicated and may be helpful. Magnetic resonance imaging (MRI) of the cervical spine dated 3/07/2014 revealed small broad based disc osteophyte complex at C4-5 with partial effacement of the ventral subarachnoid space, minimal retrolisthesis at C5-6 and mild neural foraminal narrowing at C6-7. There is no evidence of central canal narrowing or fracture. MRI of the lumbar spine dated 1/10/2014 revealed small broad based disc osteophyte complex at C4-5 with partial effacement of the ventral subarachnoid space, minimal retrolisthesis at C5-6 and no evidence of central canal narrowing or fracture. MRI of the left hand dated 2/21/2013 revealed periarticular increased marrow signal intensity at the second, third, fourth and fifth PIP joints and a small capsular tear involving the radial aspect of the third MCP joint capsule. There is a partial thickness tear of the ulnar collateral ligament at the first

MCP joint, No full thickness tear or retraction. MRI of the left shoulder dated 12/19/2012 revealed AC degenerative arthritic change with acute stress response and moderate distal supraspinatus tendinosis, no wearing. EMG/NCV studies dated 1/22/2014 revealed electrodiagnostic evidence for an entrapment neuropathy of the median nerve at the level of the left wrist and electrodiagnostic evidence of a left C5-6 radiculopathy with acute and chronic findings. Physical Examination revealed an antalgic gait; he is assisted by a cane. There is restricted range of motion to the cervical spine with tenderness and tightness to the paravertebral muscles. Spurling's maneuver is positive. Lumbar spine exam revealed restricted range of motion to the paravertebral muscle with spasm and tenderness. The straight leg raise test is positive. The left shoulder, elbow, hand and right ankle have restricted range of motion. Diagnoses included cervical radiculopathy, RSD upper limb, shoulder pain, lumbar radiculopathy, post-concussion syndrome, carpal tunnel syndrome, low back pain and wrist pain. Prior treatment has included surgical intervention, epidural steroid injections, Stellate ganglion block and cervical facet nerve blocks and medications. On 11/20/2014, Utilization Review modified a prescription for Gabapentin 600mg; take 1 tab three times a day, QTY: 90 based on lack of medical necessity and for weaning. The CA MTUS Chronic Pain Medical Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, tab SIG take 1 three times a day, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin 600mg 1 three times a day #90, the MTUS Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of 30% analgesic benefit. However, there is no documentation of specific objective functional improvement nor is there discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Gabapentin 600mg 1 three times a day #90 is not medically necessary.