

Case Number:	CM14-0048066		
Date Assigned:	07/11/2014	Date of Injury:	07/14/1995
Decision Date:	01/27/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 Emergency 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 57 year-old male sustained an industrial related injury on 07/14/1995 when he slipped and fell on a wet floor. The results of the fall included injuries to the lumbar spine, right hand/arm, and right leg. The injured worker was previously diagnosed with bulging disc at L4-S1 and carpal tunnel syndrome bilaterally. Current subjective complaints included pain to the right shoulder, right hand, right wrist, lumbar spine pain and right leg pain. The injured worker states pain in the right shoulder is intermittent, dull, throbbing and burning, and radiates to the elbow. Pain was noted to be worse with pushing, pulling, reaching, and lifting. He also reported stiffness to the right shoulder. Low back complaints were described as continuous, sharp, shooting, throbbing and burning pain. The pain was noted to travel to the left leg with episodes of swelling, numbness, and tingling in the left leg. Pain is increased with prolonged standing, walking and sitting. There was reported difficulty with movement and range of motion, and pain was noted with bowel movements. Current diagnoses include lumbar/sacral (L/S) discogenic pain, L/S degenerative disc disease, right shoulder impingement pain, and right hand/wrist pain, rule out carpal tunnel syndrome. Treatment to date has included bilateral carpal tunnel releases (2005), insertion of titanium rod to the lumbar spine (2003), multiple epidural steroid injections (1995-2005), comfort measures, electrical stimulation, physical therapy, medications, and acupuncture. Diagnostic testing has included x-rays of the spine and upper extremities (1995) and MRIs of the lumbar spine (1995), which revealed bulging disc in the lumbar spine. Objective findings revealed normal range of motion (ROM) to both shoulders with noted tenderness to palpation of the subacromial space and positive impingement signs in the right shoulder. Examination of the cervical spine showed a mild decrease in ROM and was negative for pain or spasms. There were positive Tinel's and Phalan's signs on the right wrist. A decrease in sensation to the right-sided medial arm was also noted. Examination of the lumbar spine revealed a normal

alignment, guarding of the paraspinals with tenderness to palpation of the bilateral L1-S1 paraspinals (left greater than the right), tenderness to the right sacroiliac joint to palpation, and tenderness to the sacral musculature to palpation. All ROM to the lumbar spine was significantly decreased. The Gabapentin was requested for pain management purposes. Treatments in place around the time the Gabapentin was requested included medications and physical therapy. The injured worker's pain was ongoing and appeared to be unchanged. Activities of daily living and functional deficits continued to be limited due to ongoing pain. Work status also was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care was unchanged. On 04/11/2014, Utilization Review non-certified a prescription for Gabapentin 300mg #60 for the right shoulder and lumbar spine injury as an outpatient, which was requested on 04/03/2014. The Gabapentin 300mg #60 for the right shoulder and lumbar spine injury as an outpatient was non-certified based on being outside the given compensable areas. Per the UR report, "Gabapentin is an anti-seizure medication that is appropriately used for the treatment of painful radicular neuropathic pain conditions, such as the claimant's low back pain. Low back radicular pain as well as status post-surgery syndrome is not specifically noted to be compensable under this claim." The ACOEM and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Gabapentin 300mg #60 for the right shoulder and lumbar spine injury as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, # 60 for right shoulder and lumbar spine injury: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22.

Decision rationale: The requested Gabapentin 300mg, # 60 for right shoulder and lumbar spine injury is medically necessary. The California MTUS Chronic Pain Treatment Guidelines, anti-epilepsy drugs, page #16 notes that this medication is recommended for neuropathic pain (pain due to nerve damage). It is considered first-line treatment for neuropathic pain. The injured worker has complaints of radiating pain, numbness, and tingling in the left leg. The treating physician has documented physical exam findings indicative of neuropathic pain, including a positive Tinel's and Phalen's sign on the right wrist, which are consistent with symptomatic carpal tunnel syndrome. There is also documentation of positive impingement signs on right shoulder examination. This medication was non-certified with the rationale that "low back radicular pain, as well as status-post surgery syndrome is not specifically noted to be compensable under this claim." Though the causal relationship of the current signs and symptoms is not readily apparent, the subjective and objective findings are consistent with guideline criteria for use of this anti-epileptic medication. The criteria noted above having been met, Gabapentin 300mg, # 60 for right shoulder and lumbar spine injury is medically necessary.