

Case Number:	CM15-0005384		
Date Assigned:	01/16/2015	Date of Injury:	02/26/2012
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/10/2015

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

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 injured worker is a 44-year-old male who reported an injury on 02/26/2012. The mechanism of injury was not clearly provided. His diagnoses include chronic pain syndrome, brachial neuritis or radiculitis, and thoracic or lumbosacral neuritis or radiculitis. The injured worker's past treatments included pain psychology and medications. There were no relevant surgeries or diagnostics submitted for review. On 12/09/2014, the injured worker complained of neck pain, lower back pain, left lower extremity pain, and left shoulder pain. He rated the pain a 10/10 on a pain scale, characterized as aching, sharp, throbbing, and numb. It radiated to the left arm, left forearm, left hand, left thigh, left leg, and left foot. He reported that medications were helping. He tolerated the medications well. He was noted to show no evidence of developing medication dependency. It was noted that with the current medication regimen, his pain symptoms were adequately managed. Quality of sleep was noted as poor. The injured worker reported experiencing depressive symptoms. Upon physical examination, the patient was noted with restricted range of motion to the cervical spine with flexion at 30 degrees, extension to 20 degrees, right lateral bending to 20 degrees, and lateral rotation to the right to 60 degrees. On examination of the paravertebral muscles, spasm, tenderness, tight muscle band, and trigger points were noted on both sides. Spinous process tenderness was noted on C3, C4, C5, and C6. A positive straight leg raise test was noted on the left side at 30 degrees in the sitting position. Examination to the left shoulder noted restricted movements with flexion limited to 80 degrees and abduction limited to 80 degrees. The patient was noted with a positive Hawkins and Neer's test. Shoulder crossover test and empty can test were positive also. Left knee range of motion

was restricted with flexion limited to 110 degrees (limited by pain) and extension limited to 130 degrees due to pain. Tenderness to palpation was noted on the lateral joint line and medial joint line. No joint effusion was noted. Motor testing was limited by pain. The injured worker's medications included cyclobenzaprine 7.5 mg, topiramate 100 mg, Terocin patch 4-4%, Ultracet 37.5/325 mg, and gabapentin 600 mg. The request was for retrospective gabapentin 600 mg #90. The rationale for the request was not clearly provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Gabapentin 600mg #90 (Date of service: 12/9/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The request for retrospective gabapentin 600 mg #90 (date of service 12/09/2014) is not medically necessary. According to the California MTUS Guidelines, gabapentin is not recommended. There is no peer reviewed literature to support use. Gabapentin has been considered as first line treatment for neuropathic pain and shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia. The use of gabapentin is not indicated for the injured worker. The documentation did not provide sufficient evidence of significant objective decreases in pain or significant objective functional improvement as a result of the gabapentin use. The documentation indicated the injured worker had been using the medication since at least 06/2014 and the efficacy of the direct use of gabapentin was not clearly documented. In the absence of documentation with sufficient evidence of significant objective functional improvement and a significant objective decrease in pain as a direct use of gabapentin, the request is not supported. As such, the request is not medically necessary.