

<b>Case Number:</b>	CM15-0132064		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 32-year-old female, who sustained an industrial injury on January 27, 2014. Several documents included in the submitted medical records are difficult to decipher. She reported neck and bilateral upper extremities pain. The injured worker was diagnosed as having myofascial pain syndrome, cervical spine strain, right rotator cuff syndrome, and thoracic spine strain. Diagnostic studies to date have included: On December 1, 2014, an MRI of the cervical spine revealed a concentric uncovertebral hypertrophy 1 millimeter that in conjunction with facet hypertrophy and ligamenta flava laxity produced no central canal stenosis or neural foraminal narrowing at cervical 4-cervical 5 and cervical 5-cervical 6. There was straightening and kyphotic reversal suggesting some muscle spasm-pain. Treatment to date has included work modifications, a home exercise program, acupuncture, physical therapy, chiropractic care, and medications including analgesic, anti-epilepsy, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: 2006 and November 2013. Comorbid diagnoses included history of asthma. On May 13, 2015, the injured worker complains of increased right shoulder pain with overhead activity and inability to sleep on the right side. She was unable to work on this day. The physical exam revealed positive right shoulder impingement, a negative Spurling, normal strength and reflexes of the left upper extremity, decreased neck range of motion by 10% in all planes, normal arm strength, decreased right shoulder strength, and positive trigger points of the right trapezius. The treatment plan includes physical therapy to help with right shoulder flare-up and a right shoulder injection. Her work status was described as not fit for duty on June 18, 2015 and a full work

schedule with modifications including single lifting limited to 15 pounds and no bending or squatting beginning on June 19, 2015. Requested treatments include: Neurontin.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One month supply of Neurontin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic drugs Page(s): 16-19.

**Decision rationale:** CA MTUS Guidelines indicate that Gabapentin is recommended for neuropathic pain. A good response is a 50% reduction in pain and a moderate response is a 30% reduction. The patient's prior response to Gabapentin was not found in the records submitted. Thus, the documentation submitted failed to provide the efficacy of Gabapentin. Therefore, the request is not medically necessary or appropriate.