

Case Number:	CM15-0180903		
Date Assigned:	09/22/2015	Date of Injury:	10/01/2012
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 10-01-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for recurring bilateral carpal tunnel syndrome, bilateral medial and lateral epicondylitis, bilateral radial neuropathy, chronic C5-6 radiculopathy, and moderate reactive depression. Medical records (to 07-31-2015) indicate ongoing neck pain (left greater than right) and bilateral arm pain. Pain levels were 8 out of 10 on a visual analog scale (VAS) which was increased from a previous exam (dated 05-26-2015) where pain levels were rated 4 out of 10. Clinical notes did not address activity levels or daily function. Current work status was not addressed. The physical exam, dated 07-31-2015, revealed restricted range of motion in the cervical spine with stiffness, positive Spurling's maneuver to the right causing right scapular pain, trapezius and neck pain, and some slightly diminished muscle strength. Relevant treatments have included bilateral carpal tunnel releases (2013 & 2014); physical therapy (PT), work restrictions, and pain medications. It was unclear when the IW was first prescribed gabapentin. The treating physician indicates that an EMG (electromyogram) nerve conduction study was completed (unknown date) showing evidence of (1) chronic left C5-6 radiculopathy with acute denervation, abnormal spontaneous activity noted in the left mid cervical muscles, left deltoid C4-5, and left extensor carpi radialis brevis C6-7, increased polyphasic motor unit action potentials noted in the left biceps, C5-6, and left carpi radialis brevis C6-7; (2) bilateral radial neuropathy across the forearm; and (3) mild bilateral median neuropathy across the wrist consistent with carpal tunnel syndrome. The request for authorization (08-05-2015) shows that the following diagnostic test and medications were requested: MRI of the cervical spine without dye; Cymbalta 60mg #30; gabapentin 300mg #30; gabapentin 600mg #30; and Orudis 50mg

#60. The original utilization review (08-19-2015) non-certified the request for MRI of the cervical spine without dye based on the lack of documented evidence of progression or worsening of symptoms, and gabapentin 600mg #30 based on the lack of rationale for increasing dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the neck spine without dye: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Physical Examination, Diagnostic Criteria.

Decision rationale: ACOEM guidelines recommend imaging studies when there is physiological evidence in the form of definitive neurological findings on PE, electrodiagnostic studies, laboratory testing or bone scans and unequivocal findings that identify specific nerve compromise on neurological exam are sufficient evidence to warrant imaging studies if symptoms persist. According to the documents available for review, the injured worker has EMG evidence of cervical radiculopathy with associated motor weakness. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.

Gabapentin 600mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS, Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gabapentin is also recommended for spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. According to the documents available for review, the injured worker has neuropathic pain, an MTUS approved indication for the use of this medication. Therefore, at this time, the requirements for treatment have been met and medical necessity has been established.