

Case Number:	CM15-0190340		
Date Assigned:	10/02/2015	Date of Injury:	01/01/2006
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, California

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 59-year-old female who sustained an industrial injury on 1-1-2006. Diagnoses have included right cervical facet joint pain, cervical facet joint arthropathy, disc protrusions C5-7, and right shoulder internal derangement and impingement. Documented treatment includes fluoroscopically-guided right C4-7 radiofrequency nerve ablation resulting in stated 80 percent improvement in right neck pain, right rotator cuff shoulder surgeries in January of 2007 and 2008; medication including Lidoderm patches, Norco, Tiazanidine, Relafen, and Gabapentin. Gabapentin is stated to provide a 50 percent decrease in neuropathic pain improving participation in activities of daily living including personal care. Length of time on this medication is not stated in the provided records. The 8-11-2015 progress note states the injured worker had been complaining of right neck pain radiating into the right shoulder, but has experienced 80 percent improvement in pain since radiofrequency nerve ablation. Pain is still aggravated with cervical ranges of motion, overhead activities and repetitive right upper extremity activities, and she continues to present with cervical spasms and cervical range of motion restricted by pain in all directions. The provider notes tenderness and negative nerve root tension signs. The treating physician's plan of care includes 90 count Gabapentin, but this was modified on 9-4-2015 to 45 count. The injured worker continues working full time, modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90 with 2 refills: Upheld

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 guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.