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| Case Number: | CM15-0191460 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 05/21/2015 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 09/11/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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: Emergency Medicine

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 33 year old male who sustained an industrial injury on 05-21-2015. Medical records indicated the worker was treated for carpal tunnel syndrome, chondromalacia patellae, internal derangement of knee, cervical disc displacement, and lumbar disc displacement. In the provider notes of 07-20-2015, the injured worker complains of pain in the neck, right elbow, right wrist-hand, middle back, low back, and right knee. He complains of continuous neck pain that increases when turning he head from side to side, flexing and extending the head and neck, reaching or lifting or prolonged sitting and standing. There is no notation of radiation of the pain. He rates this pain a 5 on a scale of 1-10. The low back pain is constant, moderate and achy. There is no notation of radiation of the back pain. The right elbow pain increases with reaching or lifting or prolonged sitting and standing. He rates the elbow pain a 5 on a scale of 1-10. Right wrist pain is continuous and aggravated with repeated with reaching, lifting, carrying, pulling and pushing. He rates the pain level as a 5 on a scale of 1-10. The pain in the right knee is intermittent and increased with prolonged standing or walking, flexing and extending the knee or ascending or descending stairs with episodes of giving way. He rates the pain level as a 5 on a scale of 1-10. On exam, there is no bruising, swelling, atrophy of lesion of the cervical spine. There is tenderness to palpation muscle spasms of the cervical paravertebral muscles. Cervical range of motion is not impaired. The thoracic spine also has tenderness to palpation and spasm of the thoracic paravertebral muscles. Range of motion is unimpaired. There is tenderness to palpation of the lumbar paravertebral muscles and muscle spasm. Range of motion is slightly decreased in flexion and extension. Straight leg raise is

positive on the left. The right elbow has tenderness to palpation with no bruising, swelling, atrophy or lesion. There is tenderness to palpation of the lateral elbow. Tinel's is negative. Valgus and Varus is negative. There is no impairment of the right wrist range of motion. There is tenderness to palpation of the volar wrist. Tinel's is positive. Phalen's is positive. Carpal Compression is positive. Finkelstein's is negative. The right knee had no bruising, swelling, atrophy or lesion. There is no deficit in range of motion. There is tenderness to palpation of the anterior knee and muscle spasm of the anterior knee. McMurrays' is negative, Valgus and Varus is negative. Anterior drawer is negative. Posterior Drawer is negative. MRI has been done of the cervical and lumbar spine, and was reviewed. The treatment plan includes chiropractic therapy, and medications. The worker is dispensed Tramadol, Gabapentin and Cyclobenzaprine. A request for authorization was submitted for Gabapentin 300mg #90. A utilization review decision 09-11-2015 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #90: 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: As per MTUS Guidelines, Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Patient has multiple body pain. Presentation and exam is not consistent with neuropathic pain. It is unclear why provider has prescribed this medication. Documentation does not meet any indication for this request. Gabapentin is not medically necessary.