

Case Number:	CM15-0021878		
Date Assigned:	02/11/2015	Date of Injury:	10/01/2012
Decision Date:	04/21/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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: 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 35 year old who sustained an industrial injury on 10/01/2012. Diagnoses include cervicgia with right upper extremity myofascial pain and lumbar sprain and strain with radiating pain and cramps, and she is status post cervical surgery. Treatment to date has included medications, diagnostic studies, right shoulder subacromial injections, epidural steroid injections, acupuncture, chiropractic sessions, home traction unit, home exercise program, and brace. A physician progress note dated 12/19/2014 documents the injured worker complains of pain rated 6-7 with medications and 10 out of 10 without medications. Pain is located in the cervical spine, right shoulder with pain down her arm and loss of motion, and mid and low back pain. Medications used include Motrin and Gabapentin. Treatment requested is for Retro Gabapentin 300mg #90, 12-19-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Gabapentin 300mg #90 12-19-14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-21.

Decision rationale: According to the MTUS guidelines, Antiepilepsy drugs (AEDs) are recommended for chronic neuropathic pain. Gabapentin is considered first line in the treatment of chronic neuropathic pain. In this case, the injured worker is status post cervical spine surgery and is followed for chronic neuropathic pain. Pain relief is noted on a visual analog scale. The request for gabapentin is supported. The request for Retro Gabapentin 300mg #90 12-19-14 is medically necessary.