

Case Number:	CM15-0212557		
Date Assigned:	11/02/2015	Date of Injury:	04/23/2012
Decision Date:	12/15/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 61 year old male injured worker suffered an industrial injury on 4-23-2012. The diagnoses included cervical strain, cervical degenerative arthritis, cervical myelopathy, and radiculopathy and myofascial pain. On 10-12-2015 the provider reported continued improvement with medications and physical therapy that improved also function and overall sense of comfort. The pain was predominately cervical with spasms and bilateral upper extremity pain and paresthesia. On exam the cervical spine had spasms and motion was guarded due to pain. Medications in use were Norco, Soma and Gabapentin. Gabapentin was in use at least since 6-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications with requested treatment and no evidence of functional improvement with treatment. Prior treatments included cervical fusion. Request for Authorization date was 10-12-2015. Utilization Review on 10-22-2015 determined modification for Gabapentin 800mg #40 with 4 refills to 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg #40 with 4 refills: Overturned

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

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

Decision rationale: The claimant sustained a work injury to the cervical spine with date of injury in April 2012. He has a history of a cervical discectomy and fusion from C3-C5. In June 2015 he was seen with neck pain. His provider had retired or was no longer available. He had pain rated at 4-10/10. Norco, gabapentin, Xanax, and Soma were being prescribed. Physical examination findings included diffuse tenderness and increased muscle tone and the cervical spine. Range of motion was guarded. When seen in October 2015 he had continued improvement. Medications and physical therapy are referenced as effective in improving pain levels, function, range of motion, and overall sense of comfort. Physical examination findings included cervical spine tenderness with muscle spasm and guarded and painful range of motion which was decreased. He was referred for a spine surgery evaluation. Medications were continued. Neurontin 800 mg #90 was prescribed but 800 mg #40 is being requested. Neurontin (gabapentin) has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of at least 1200 mg per day. After initiation of treatment there should be documentation of pain relief and improvement in function. In this case, the claimant's gabapentin dosing is consistent with that recommendation. Although the monthly quantity being prescribed needs to be clarified, ongoing prescribing was medically necessary.