

<b>Case Number:</b>	CM15-0049275		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/17/2006
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 56 year old female, who sustained an industrial injury on April 17, 2006. The injured worker was diagnosed as having ankle sprain, shoulder strain, lumbar strain/sprain, thoracic sprain/strain, chronic myofascial pain and cervical radiculopathy. Treatment and diagnostic studies to date have included medication and chiropractic treatment. A progress note dated February 19, 2015 the injured worker complains of continued low back pain radiating down both legs with numbness in ankle and shoulder pain radiating down arms with numbness in fingers. She reports having flair up and that she had to go to the emergency department. Physical exam notes reduced range of motion (ROM), tenderness of lumbar spine, tenderness of ankle, spasm, inability to make fist with hands and ambulation with cane. Treatment plan includes oral medication, topical medication, Transcutaneous Electrical Nerve Stimulation (TENS), home exercise program, therapy and heating pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** According to MTUS guidelines, "Gabapentin is an anti-epilepsy drug (AEDs; also referred to as anti-convulsants), which 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." There was no documentation that the patient is suffering from neuropathic pain including diabetic neuropathic pain or post-herpetic neuralgia condition. Therefore, the prescription of GABAPENTIN 300 MG #60 is not medically necessary.

**RTC Heating pad trial and [REDACTED] for the right trapezius:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initial approaches to treatments Page(s): 44.

**Decision rationale:** According to MTUS guidelines, "Musculoskeletal symptoms can be managed with a combination of heat or cold therapy, short-term pharmacotherapy (oral medication), a short period of inactivity, specific recommendations regarding employment and recreational activities, and judicious mobilization and resumption of activity, even before the patient is pain-free." There is no clear and recent documentation supporting the need for a heating pad to manage an acute pain. Therefore, the request for RTC Heating pad trial and [REDACTED] [REDACTED] for the right trapezius is not medically necessary.