

Case Number:	CM15-0084156		
Date Assigned:	05/06/2015	Date of Injury:	05/02/2012
Decision Date:	06/09/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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 59 year old female who sustained an industrial injury on 5/2/12. The injured worker was diagnosed as having bilateral carpal tunnel syndrome, cervical herniated nucleus pulposus with cervical radiculopathy in the right C5 and right C6 distribution, multilevel cervical disc bulges and thoracic disc bulges at T7-T8 and T8-T9, lumbar herniated nucleus pulposus with lumbar radiculopathy and lumbar facet hypertrophy with radiating symptoms, myospasms and myofascial trigger points cervicothoracic and lumbosacral regions, occipital neuralgia, profound essential tremor, nonindustrial, fatigue secondary to pain and arthritis in the thoracolumbar spine. Currently, the injured worker was with complaints of pain in the right upper extremity, lower back, and cervical spine. Previous treatments included medication management and activity modification. Previous diagnostic studies were not noted. The injured worker rated her pain at 7 out of 10. Physical examination was notable for pain with forward flexion of the cervical spine, palpable cervicothoracic muscle spasms, inability to perform a toe walk or heel walk due to pain, pain with lumbar facet loading, palpable lumbar paraspinal muscle spasm. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

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 followed for chronic neuropathic pain. Gabapentin dosages range from 900 mg to 3600 mg in three divided doses. The request for first line adjuvant such as Gabapentin at the current dosage and quantity is supported. The request for Gabapentin 550mg #90 is medically necessary and appropriate.