

Case Number:	CM14-0120594		
Date Assigned:	08/06/2014	Date of Injury:	09/18/2008
Decision Date:	10/14/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 65-year-old gentleman was reportedly injured on September 18, 2008. The most recent progress note, dated May 5, 2014, was incomplete. Prior notes, dated April 7, 2014, indicated that the injured employee was two months out from a cervical fusion from C3 through C6. There were complaints of a left-sided C5 nerve palsy. The physical examination demonstrated improvement with extension and abduction of the left shoulder with 4+/5 strength of the triceps and biceps and 1/5 of the left shoulder with extension and abduction. Diagnostic imaging studies of the cervical spine revealed good alignment and position of the hardware from C3 to C7. A request had been made for Gabapentin and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG UNSPECIFIED QTY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines considers gabapentin to be a first-line treatment for neuropathic pain. According to the progress note dated April 7, 2014, the injured employee had a C5 nerve palsy after cervical spine surgery. Considering this, this request for Gabapentin 600 mg is medically necessary.