

Case Number:	CM14-0142405		
Date Assigned:	09/10/2014	Date of Injury:	02/28/2013
Decision Date:	10/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/03/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; multiple rotator cuff repair surgeries; left and right carpal release surgeries; and electrodiagnostic testing of February 20, 2014, notable for a C5-C6 radiculopathy. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for gabapentin, stating that the attending provider had failed to provide any medical documentation to support the request. The applicant's attorney subsequently appealed. In a Medical-Legal Evaluation dated September 25, 2013, the applicant was given an 18% whole-person impairment rating. The applicant was using six tablets of Norco a day and naproxen twice daily, it was acknowledged. In a progress note dated July 3, 2014, the applicant reported persistent complaints of 9/10 low back and right shoulder pain. The applicant was using Butrans, Cymbalta, naproxen, Norco, and Valium, it was noted. The applicant was given diagnoses of cervical radiculopathy, low back pain, and shoulder pain. Laboratory testing was endorsed while the applicant was placed off of work. On August 14, 2014, the applicant reported multifocal pain complaints reportedly attributed to cumulative trauma at work. It was acknowledged that the applicant was not working and the applicant had not worked since May 17, 2013. The applicant was receiving indemnity benefits, it was stated. The attending provider did state that the applicant had various pain generators about the upper and lower extremities. The stated diagnoses were low back pain, cervical radiculopathy, and shoulder pain. The applicant was asked to discontinue Butrans and Cymbalta owing to side effects, it was suggested. Neurontin was started for neuropathic pain. The applicant was asked to increase Norco and continue Desyrel for sleep. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg for date of service 8/14/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

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

Decision rationale: The request for gabapentin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. As noted on page 49 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin is considered a first-line agent for neuropathic pain, as is present here. The applicant has been given a diagnosis of cervical radiculopathy, with pain complaints which include neck pain radiating into the bilateral hands, bilateral wrists, and bilateral shoulders. The request in question did represent a first-time request for gabapentin. Therefore, the request is medically necessary.