MAXIMUS Federal Services

Case Number:	CM14-0145621		
Date Assigned:	09/12/2014	Date of Injury:	04/05/2013
Decision Date:	10/17/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/08/2014

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 injured worker is a 32 year-old male who sustained neck injuries after being involved in a motor vehicular accident on April 5, 2013. A magnetic resonance imaging (MRI) scan of the cervical spine without contrast done on August 9, 2013 revealed (a) motion artifact; (b) disc desiccation in C6-C7 with mild disc height loss and mild annular disc bulging with left side greater than the right, uncovertebral spurring and moderate narrowing of the left neural foramen, and mild to moderate right neural foraminal narrowing; (c) disc desiccation in C5-C6 with mild disc height loss and minor narrowing of the left neural foramen. An electromyogram (EMG)/nerve conduction velocity (NCV) studies of the bilateral upper extremities obtained on August 20, 2013 was consistent with very mild right carpal tunnel syndrome with no evidence of left carpal tunnel syndrome, ulnar neuropathy, radial neuropathy, or cervical radiculopathy. A cervical epidural steroid injection was administered on March 5, 2014 by the treating provider. During the injured worker's follow-up evaluation on March 11, 2014, he reported no any relief from the injection. Objective findings revealed tenderness over the lower paracervical paraspinal and upper thoracic muscles. Range of motion was decreased in all planes, particularly with cervical extension. There was a provocation of the lower posterior neck and upper back pain with cervical extension as well as with loading of the right and left cervical facet joints and extension coupled with rotation and lateral flexion. The injured worker returned on May 6, 2014 and complained of chronic neck pain with intensity of 4/10 with intermittent radiating pain in his right arm as well numbness and tingling in his hands. He takes Norco, Mobic and Flexeril. There was no change in his physical examination findings.The injured worker presented to another treating physician on July 16, 2014 for initial evaluation and complained of persistent headache originating from his neck as well as pain in his neck and upper back with occasional numbness and tingling in his right hand. A physical examination of the spine revealed slight increase in his

muscle tone on the right side of the cervical spine versus the left side. Flexion and lateral tilt were limited by 25 percent and extension range of motion was limited by 35 percent with pain at the end of range. The injured worker returned on July 30, 2014 with complaint of continued significant pain in his neck and upper back that radiated to his head causing headaches that was worse with extension of the neck and use of his arms above shoulder level. He also had occasional numbness and tingling in his right hand. His medication regimen included gabapentin one to two tablets at bedtime, hydrocodone once daily as needed, naproxen sodium every 12 hours with food, and orphenadrine once daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF GABAPENTIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: According to the progress report from the treating physician dated July 30, 2014, the injured worker is taking gabapentin tablets 600 mg, one to two tablets at bedtime. The injured worker's response to medication use including his functional gains and quantitative relief were however not documented. The California Medical Treatment Utilization Schedule (MTUS) specified that continue used of anti-epilepsy depends on improved outcomes versus tolerability of adverse events. Therefore, the requested service is not medically necessary.