

Case Number:	CM14-0151273		
Date Assigned:	09/19/2014	Date of Injury:	10/23/2005
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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:

Patient is a 52-year-old female who has submitted a claim for degeneration of cervical intervertebral disc, associated with an industrial injury date of October 23, 2005. Medical records from February 2014 to September 2014 were reviewed. Patient complained of pain in the neck and lower back. The exact mechanism how she sustained the injury was not mentioned. The patient has multiple diagnosis including herniated cervical disc with radiculitis, herniated lumbar disc with radiculitis, psychological disorder, cephalgia, right inguinal hernia, anxiety, and depressive illness. Physical examination of the cervical spine, dated May 2014, revealed range of motion: forward flexion 50 degrees, extension 50 degrees, rotation to the right 65 degrees, to the left 65 degrees, lateral bending to the right 30 degrees, to the left 30 degrees. Foraminal compression and Spurling's tests were positive. Physical examination of the lumbar spine revealed range of motion: flexion 50 degrees, extension 20 degrees, lateral bending to the right 20 degrees, to the left 20 degrees. Straight leg raise test +75 degrees, left +75 degrees. There is tightness and spasm to the back musculature. Treatment to date has included Xanax, Neurontin (at least since October 2013), Ultram, Norco, and Naproxen. Utilization review from August 21, 2014 denied the request for Gabapentin 800mg, 1 tablet BID, #60 with 3 refills. The patient did not demonstrate clinical findings on examination consistent with a neuropathic pain component. The patient did not demonstrate abnormalities in motor, sensory, or reflex components.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800mg, 1 tablet BID, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, GabaroneTM, generic available) Gabapentin (.).

Decision rationale: According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. In this case, the patient has axial pain and not neuropathic pain. The patient did not have motor, sensory, or reflex changes. Patient has been prescribed gabapentin since October 2013. However, medical records do not show any functional benefit from its use. The medical necessity has not been established. There was no compelling rationale for continued use of this medication. Therefore, the request Gabapentin 800mg, 1 tablet BID, #60 with 3 refills, is not medically necessary.