

Case Number:	CM14-0212624		
Date Assigned:	12/30/2014	Date of Injury:	05/06/2010
Decision Date:	05/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Physical Medicine & Rehabilitation

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 46 year old female who sustained an industrial injury on 5/6/10. She has reported initial complaints of neck and back injury. The diagnoses have included brachial neuritis, cervical disc protrusion, cervical spinal stenosis, lumbar disc protrusion, lumbar spinal stenosis and lumbar radiculopathy. Treatment to date has included medications, physical therapy, acupuncture, epidural steroid injection (ESI) and conservative care. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine and lumbar spine. Currently, as per the physician progress note dated 9/12/14, the injured worker complains of constant neck and low back pain that radiates to the upper extremities and lower extremities with numbness and tingling. The pain was rated 4-8/10 on pain scale and was unchanged since last visit. She noted that the medications decrease the pain and increase ability to sleep and perform activities of daily living (ADL). The epidural steroid injection (ESI) was given on 9/5/14 with 50 percent pain relief. The objective findings revealed decreased cervical range of motion, tenderness, and spasms in the trapezius muscle bilaterally. The lumbar range of motion was decreased; straight leg raise was positive bilaterally, with tenderness of the lumbar spine and spasms. The bilateral upper extremity sensation was decreased. The urine drug screen dated 12/10/14 was inconsistent with prescribed medications. The physician requested treatment included Pharmacy purchase of Gabapentin 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Gabapentin 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Wed Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Pharmacy purchase of Gabapentin 100mg #60 is not medically necessary and appropriate.