

Case Number:	CM14-0212948		
Date Assigned:	12/30/2014	Date of Injury:	10/15/2011
Decision Date:	02/19/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/19/2014

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 & Rehabn

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51 year-old patient sustained an injury on 10/15/11. Request(s) under consideration include Gabapentin 300 mg. Diagnoses include cervical spondylosis without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Omeprazole, Hydrocodone/APAP, Topical compound, Gabapentin, and Meloxicam. MRI of the cervical spine showed multilevel 2 mm disc protrusion without significant canal or neural foraminal stenosis. EMG noted C6 chronic radiculopathy. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted cotnined neck pain with unchanged exam findings of decreased cervical range; however, with negative Spurling's without acute change in DTRs, sensation and motor strength in the upper extremities. Treatment included medication. The request(s) for Gabapentin 300 mg was non-certified on 11/22/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs/Gabapentin Page(s): 18-19.

Decision rationale: This 51 year-old patient sustained an injury on 10/15/11. Request(s) under consideration include Gabapentin 300 mg. Diagnoses include cervical spondylosis without myelopathy. Conservative care has included medications, therapy modalities, and modified activities/rest. Medications list Omeprazole, Hydrocodone/APAP, Topical compound, Gabapentin, and Meloxicam. MRI of the cervical spine showed multilevel 2 mm disc protrusion without significant canal or neural foraminal stenosis. EMG noted C6 chronic radiculopathy. The patient continues to treat for chronic ongoing symptom complaints. Report from the provider noted continued neck pain with unchanged exam findings of decreased cervical range; however, with negative Spurling's without acute change in DTRs, sensation and motor strength in the upper extremities. Treatment included medication. Although Neurontin (Gabapentin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia as well as 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 2011 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. Therefore, this request is not medically necessary.