

Case Number:	CM14-0213078		
Date Assigned:	12/30/2014	Date of Injury:	09/30/2010
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 patient is a 59 year old female with date of injury 9/30/2010. The mechanism of injury is stated as repetitive use. The patient has complained of neck pain, right shoulder pain and right arm pain since the date of injury. She has been treated with cervical laminectomy and foraminotomy, trigger point injection, physical therapy and medications since the date of injury. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the cervical paraspinal musculature, decreased and painful range of motion of the right shoulder. Diagnoses: cervical post laminectomy syndrome, myofascial pain, degenerative cervical intervertebral disc disease, shoulder sprain/strain. Treatment plan and request: Norvasc, Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gralise 300 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation FDA package insert

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

Decision rationale: This 59 year old female has complained of neck pain, right shoulder pain and right arm pain since date of injury 9/30/10. She has been treated with cervical laminectomy and foraminotomy, trigger point injection, physical therapy and medications. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.