

<b>Case Number:</b>	CM15-0010960		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Internal Medicine

### CLINICAL CASE SUMMARY

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

On 12/11/2014 the injured worker returned for a routine follow up. He is complaining of moderate to severe pain after taking the Gabapentin. He states lower back pain is worse on right side with referred pain in the hip and leg. Physical exam noted reduced range of motion in the cervical area. Arm strength was equal bilaterally times three. Lumbar spine showed positive straight leg raising bilaterally. Diagnosis included cervical degenerative disc, sciatica, neck pain, carpal tunnel syndrome and neuropathy. Prior treatment includes medications, diagnostics and anterior and posterior fusion of cervical 3 to cervical 7 on 08/23/2013. On 12/22/2014 the request for Gabapentin 300 mg # 120 with 3 refills was non-certified. MTUS was cited. Nortriptyline 10 mg # 30 3 refills was modified to Nortriptyline 10 mg # 30 with no refills. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg, quantity: 120 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): (s) 16-19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Gabapentin (Neurontin) Page 18-19.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. Medical records document a history of neck and shoulder complaints, carpal tunnel syndrome, cervical spine surgery, sciatica, lumbalgia, cervical degenerative disc disorder, lumbar degenerative disc disorder, shoulder arthralgia, upper extremity neuropathy, and lower extremity neuropathy. Electrodiagnostic report dated 5/22/14 demonstrated peripheral neuropathy. The medical records and MTUS guidelines support the medical necessity of the of Gabapentin. Therefore, the request for Gabapentin is medically necessary.

**Nortriptyline 10mg, quantity: 30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antidepressants for Chronic Pain Page(s): 15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antidepressants for chronic pain Page 13-16.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Medical records document chronic pain and neuropathic pain. Medical records document a history of neck and shoulder complaints, carpal tunnel syndrome, cervical spine surgery, sciatica, lumbalgia, cervical degenerative disc disorder, lumbar degenerative disc disorder, shoulder arthralgia, upper extremity neuropathy, and lower extremity neuropathy. Electrodiagnostic report dated 5/22/14 demonstrated peripheral neuropathy. Per MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The use of Nortriptyline is supported by the MTUS guidelines. Therefore, the request for Nortriptyline is medically necessary.