

Case Number:	CM15-0013296		
Date Assigned:	01/30/2015	Date of Injury:	11/13/2013
Decision Date:	03/26/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/22/2015

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: 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 29 year old male who sustained a work related injury on November 13, 2013, after being assaulted with a frying pan and then shoved into a door, suffering shoulder, neck and back injuries. Diagnoses included cervical radiculopathy, cervical sprain and strain, thoracic sprain and strain, lumbar radiculopathy and lumbar sprain and strain. Treatment included pain medications, chiropractic sessions, and acupuncture treatments. Currently, In December, 2014, the injured worker continued with reports of neck pain and stiffness, stabbing low back pain and burning shoulder pain with numbness and tingling. On January 8, 2015, a request for a prescription for Gabapentin 400mg #60 was modified to certify Gabapentin 400mg #7 for weaning by the Utilization Review, noting Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiepileptic (a.k.a. anticonvulsants) drugs for pain medications for chronic pain Page(s): 18-

Decision rationale: The patient was injured on 11/13/2013 and presents with pain in his cervical spine, lumbar spine, and right shoulder. The request is for GABAPENTIN 400 mg #60. The RFA is dated 12/03/2014 and the patient's work status is unknown. There is no indication of when the patient began taking this medication. Regarding antiepileptic (a.k.a. anticonvulsants) drugs for pain, MTUS Guidelines recommend for "treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain." The patient has cervical spine pain which radiates to the right shoulder, lumbar spine pain which radiates to the bilateral lower extremities, and burning right shoulder pain. The medical reports provided state that the patient does have neuropathic pain, as indicated by ODG Guidelines. It is unknown when the patient began taking this medication. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Review of one the report provided from 12/03/2014 does not mention how gabapentin has impacted the patient's pain and function. Therefore, the requested gabapentin IS NOT medically necessary.