

Case Number:	CM15-0017371		
Date Assigned:	02/05/2015	Date of Injury:	09/22/2013
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 62 year old male, who sustained an industrial injury on 9/22/2013, while working as a bus driver. He has reported left neck and arm pain. The diagnoses have included brachia neuritis or radiculitis and cervicalgia. Treatment to date has included conservative measures. Right carpal tunnel release was noted in 2013. Currently, the injured worker complains of left sided neck pain with numbness in the left upper extremity. The patient was electrical shooting and constant. The patient denies upper extremity weakness. Physical exam showed diminished light touch sensation in a C6 left side dermatomal distribution. Tenderness to palpation was noted over paraspinal muscles overlying the facet joints on the left side and trigger points noted over upper paraspinal muscles on both sides. Spurling's test was positive on the left. A recent computerized tomography of the cervical spine was referenced as showing C5-6 osteophyte complex with moderate central stenosis as well as moderate to severe right foraminal stenosis. Medications included Gabapentin and Biofreeze topical gel. A 1/22/15 document states that the patient is to undergo a 2 level ACDF on 2/19 and he will spend 6 weeks in a color and have 6 month post op recovery. On 1/05/2015, Utilization Review modified a request for Gabapentin 300mg #180 with 2 refills, to Gabapentin 300mg #180 with zero refills, citing the MTUS 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 300mg # 180 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Gabapentin 300mg # 180 with 2 refills is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Anti-epilepsy drugs (AEDs) are also referred to as anti-convulsants. These medications, such as Gabapentin are recommended for neuropathic pain (pain due to nerve damage). Prior peer review stated that Gabapentin was modified to a lesser quantity as there was insufficient documentation of neuropathic symptoms. However, the documentation does indicate that the patient has a cervical radiculitis. The patient may have dorsal root compromise (radiculitis) which could affect sensation and cause radicular symptoms but may not have ventral root compromise (radiculopathy) of the cervical spine which could cause arm weakness. The documentation does indicate a positive left Spurling's sign, positive C6 loss of sensation; a subjective description of electrical shooting pain as well as a recent CT of C5-6 stenosis that corroborates these findings. These are all suggestive of neuropathic symptoms and therefore it is reasonable and medically necessary that the patient receive Gabapentin.