

<b>Case Number:</b>	CM15-0115957		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania  
 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:

The injured worker is a 50-year-old male with a reported date of injury of 01/19/2012. The injured worker was struck in the head by a metal lid. The diagnoses include cervical spondylosis, cervical spine stenosis, cervical disc displacement radiculopathy, cervical disc degenerative disease, post-concussion syndrome, cervicogenic headache mild traumatic brain injury, cervical spine compression fracture, and postlaminectomy syndrome of the cervical spine. Treatments and evaluation to date have included tai chi; meditation; physical therapy; electrodiagnostic studies of the bilateral upper extremities on 01/16/2015 which showed evidence of moderate bilateral C6-7 radiculopathy; oral medications; neuropsychological treatment; pool therapy; an MRI of the cervical spine that showed moderate foraminal stenosis and endplate degenerative disc disease; x-rays of the cervical spine which showed mild degenerative disc disease; and a computerized tomography of the cervical spine which showed incomplete fusion at C6. Records submitted indicate that gabapentin has been prescribed since at least December 2014. The report of 5/21/15 indicates that the injured worker complained of neck pain and headaches. The average pain rating was 6 out of 10. His activities of daily living included gardening. The pain was aggravated by kneeling, lifting, and prolonged positions. An examination of the cervical spine showed mild tenderness at C4-5 and C5-6 disc segment spinous process posteriorly, trigger points in the paraspinal and scapular muscles, painful range of motion. An examination of the bilateral shoulders showed no evidence of joint arthropathy and tingling in the left hand with abduction and external rotation. The injured worker had been instructed to remain off work. Work status was noted as disabled. The progress report dated 03/30/2015 indicates that the

injured worker's average pain rating was 5 out of 10. His activities of daily living included cleaning the house and cooking. The treating physician requested Gabapentin 100mg #90, one tablet every day.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Gabapentin 100mg, #90 (1 every day): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Gabapentin (Neurontin) Page(s): 16-22, 49.

**Decision rationale:** The MTUS Chronic Pain Guidelines indicate that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Anti-epilepsy drugs are recommended for neuropathic pain. One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. Gabapentin has been prescribed for at least five months. There was no documentation of significant decrease in pain or improvement in function as a result of use of gabapentin. Work status was noted as disabled/not working, and there was no documentation of specific improvements in activities of daily living as a result of use of gabapentin. There was no documentation that the injured worker was diagnosed with neuropathy. Therefore, the request for Gabapentin is not medically necessary.