

Case Number:	CM15-0126068		
Date Assigned:	07/29/2015	Date of Injury:	01/12/2005
Decision Date:	09/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 38-year-old female patient who sustained a work related injury on 1/12/05. The diagnoses include right thoracic outlet syndrome, right shoulder girdle pain, history of right carpal tunnel syndrome, ulnar nerve entrapment and Guyon canal and right radial nerve impingement, cervical and thoracic myofascial pain, cervical disc disease, right C5 and C7-8 radiculopathy and right upper myofascial pain. Per the doctor's note dated 7/6/2015, she had complaints of right sided neck pain with radiation to the right arm and down to the mid back. The physical examination revealed tenderness and decreased range of motion of the cervical spine and 4/5 strength in the right upper extremity. The medications list includes motrin and voltaren gel. Patient was prescribed tramadol. Per the visit note dated 6/5/15, she had complaints of worsening right-sided myofascial pain and radiculopathy; pain and weakness in the right upper extremity. She rated this pain a 7/10. It goes down to 3-4/10 with treatments. She had difficulty with exercising, standing and walking. She stated lying down helps pain. She is having difficulty getting out of bed in the morning due to pain. The physical examination revealed diminished strength on right side at 4/5 at supraspinatus, extensor digitorum brevis and abductor pollicis compared to 5/5 on the left, a positive Adson's maneuver on the right. The medications list includes motrin and voltaren gel. Patient was prescribed gabapentin and norco. She was not able to get Norco. In the past, she has tried Lyrica, which made her feel tired, Elavil and Gabapentin, which she doesn't remember why she stopped. She is not working. She has had home exercises, TENS unit trial without benefit, chiropractic treatments and trigger point injections. The treatment plan includes a restart of Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 18-19 Gabapentin (Neurontin, Gabaron, generic available) Page(s): 16-22, 49, 67.

Decision rationale: Gabapentin 300mg #30. Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per the cited guidelines, "CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007). . . . " According to the records provided patient had right sided neck pain with radiation to the right arm and down to the mid back. She has significant objective findings on the physical examination-tenderness and decreased range of motion of the cervical spine and 4/5 strength in the right upper extremity. This is some documented evidence of possible nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 300mg #30 is medically appropriate and necessary for this patient.