

Case Number:	CM15-0126544		
Date Assigned:	07/13/2015	Date of Injury:	10/07/2013
Decision Date:	08/06/2015	UR Denial Date:	06/25/2015
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: 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 59 year old male, who sustained an industrial injury on October 7, 2013. He reported an injury to his neck, shoulders, left arm and low back. Treatment to date has included MRI of the lumbar spine, MRI of the cervical spine, EMG of the bilateral upper extremities, physical therapy, home exercise program, chiropractic therapy, TENS unit, acupuncture, and medications. Currently, the injured worker complains of continued neck, low back and bilateral upper extremities pain. He reports that the neck pain radiates into the bilateral upper extremities and he has associated numbness and tingling in the bilateral hands. He reports that the pain is aggravated with extended use of his upper extremity. He rates his neck pain a 7 on a 10-point scale. His low back pain radiates into his bilateral lower extremities and he has associated numbness and tingling with pain that extends posteriorly into his left calf and into the ball of his left foot. Walking more than 20 minutes will aggravate his pain. His low back pain is relieved with rest and gabapentin. He rates his low back pain a 7-8 on a 10-point scale. His medication s regimen includes naproxen as an intermittent as needed anti-inflammatory and gabapentin at night to help with sleep and decrease the neuropathic component of his pain. On physical examination, the injured worker has tenderness to palpation along the cervical spine and into the trapezius muscle bilaterally. He has hypoesthesia on the left at C5-6 and a cervical compression test was positive. His cervical range of motion is limited. He exhibits a normal gait and has normal lordosis. He has decreased sensation in the left L5 and left S1 dermatomes. Straight leg raise test is negative. He has spasm and guarding of the lumbar spine. An EMG of the bilateral upper extremities on March 16, 2015 revealed evidence of severe ulnar

mononeuropathy of the right elbow, evidence of moderate ulnar mononeuropathy of the left elbow, evidence of mild median mononeuropathy of the right wrist. There was no electrodiagnostic evidence of right or left cervical radiculopathy or brachial plexopathy. The diagnoses associated with the request include cervical spondylosis without myelopathy. The treatment plan includes nabumetone-Relafen and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg qty 60: Upheld

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 Anti-Epilepsy Drugs/Gabapentin, pages 18-19.

Decision rationale: Although Neurontin (Gabapentin) 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; however, submitted reports have not adequately demonstrated the specific symptom relief or functional benefit from treatment already rendered for this chronic injury of 2013. Medical reports have not demonstrated specific change, progression of neurological deficits or neuropathic pain with functional improvement from treatment of this chronic injury. Previous treatment with Neurontin has not resulted in any functional benefit and medical necessity has not been established. The Gabapentin 600 mg qty 60 is not medically necessary and appropriate.