

Case Number:	CM15-0176198		
Date Assigned:	09/23/2015	Date of Injury:	07/29/2014
Decision Date:	11/03/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: Arizona, 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:

The injured worker is a 50 year old female with an industrial injury date of 07-29-2014. Medical record review indicate she is being treated for cervical radiculopathy, cervical sprain-strain, lumbar disc displacement, lumbar facet hypertrophy, lumbar radiculopathy, lumbar sprain-strain, status post-surgery right shoulder, right and left carpal tunnel syndrome. Subjective complaints (08-26-2015) included "mild" achy neck pain, low back pain, right shoulder pain "mild, constant," "mild stabbing" left and right wrist pain. Work status on 08-26-2015 is documented as "off work." A numeric pain rating is not indicated. Prior treatments included medications and chiropractic treatments. "Additional therapies and medications were requested because they are helping to decrease pain and increase activities of daily living." Her medications included Norco, topical creams, Cyclobenzaprine and Gabapentin (at least since 04-09-2015). Physical exam (08-26-2015) revealed decreased range of motion in cervical flexion, right lateral bending and left lateral bending. There was tenderness and spasm of the cervical paravertebral muscles. Additional findings included tenderness of lumbar paravertebral with decreased range of motion. Right shoulder abduction, internal rotation and external rotation were decreased with tenderness to palpation of the acromioclavicular joint anterior shoulder, lateral shoulder and posterior shoulder. There was tenderness to palpation of the volar wrist with decreased range of motion on dorsiflexion. There was tenderness to palpation of the volar wrist with decreased range of motion with ulnar deviations. The request for authorization (08-26-2015) included a request for Retrospective: Gabapentin 300 mg #90 (DOS: 08/26/2015). On 09-03-2015 the request for: Retrospective: Gabapentin 300 mg #90 (DOS: 08/26/2015) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Gabapentin 300mg #90 (DOS: 08/26/2015): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs). Decision based on Non-MTUS Citation BMJ. 2015 Apr 16; 350:h1748. doi: 10.1136/bmj.h1748. Epidural steroid injections compared with gabapentin for lumbosacral radicular pain: multicenter randomized double blind comparative efficacy study. Cohen SP1, Hanling S2, Bicket MC3, White RL4, Veizi E5, Kurihara C6, Zhao Z7, Hayek S8, Guthmiller KB9, Griffith SR10, Gordin V11, White MA12, Vorobeychik Y13, Pasquina PF14. J Back Musculoskelet Rehabil. 2009;22(1):17-20. doi: 10.3233/BMR-2009-0210. Gabapentin monotherapy in patients with chronic radiculopathy: the efficacy and impact on life quality. Yildirim K1, Deniz O, Gureser G, Karatay S, Ugur M, Erdal A, Senel K.

Decision rationale: According to the MTUS guidelines: Gabapentin (Neurontin) 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. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have cervical radiculopathy. In addition, the referenced literature indicates that Gabapentin provides benefit similar to invasive procedures and improved quality of life. Similar to application of Gabapentin for back pain, it is appropriate for cervical radiculopathy. Gabapentin on 8/26/15 is appropriate and is medically necessary.