

Case Number:	CM15-0064446		
Date Assigned:	04/10/2015	Date of Injury:	03/07/2000
Decision Date:	05/13/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/07/2015

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 57 year old male patient who sustained an industrial injury on 03/07/2000. The diagnoses included cervical radiculopathy, facet arthropathy and myofascial pain, right carpal tunnel syndrome and occipital neuralgia. He sustained the injury due to slipped and fall on wet floor. Per the doctor's note dated 2/13/2015, he had complaints of neck pain with radiation to the occipital regions and shoulders with intermittent pins and needles and numbness in the bilateral hands; occasional headaches. The physical examination revealed cervical spine- hypertonicity, positive twitch response, paraspinal tenderness and limited cervical extension. The medications list includes naproxen, trazadone, norco, gabapentin and topical cream. He has had right shoulder MRI on 6/29/2010 which revealed mild rotator cuff tendinitis without tear and a superior labral tear. He has had rhizotomies, epidural injections, trigger point injections, acupuncture and physical therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 mg tablet #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Request: Gabapentin 600 mg tablet #120. 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 postherpetic 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) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study." Per the records provided patient had chronic neck pain with radiation to the head and shoulder with intermittent pins and needles and numbness in the bilateral hands. Patient is having significant objective findings on physical examination- tenderness, hypertonicity and limited cervical range of motion. Patient is having a diagnosis of cervical radiculopathy and carpal tunnel syndrome. The clinical history and physical exam findings are consistent with nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for Gabapentin 600 mg tablet #120 is medically appropriate and necessary for this patient.