MAXIMUS Federal Services

Case Number:	CM15-0073240		
Date Assigned:	04/23/2015	Date of Injury:	11/12/2011
Decision Date:	07/31/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/17/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female with an industrial injury dated 11/12/2011. Her diagnoses included cervical radiculopathy, occipital neuralgia, headache, cervical myofascial pain syndrome and cervicalgia. She presents on 03/10/2015 with complaints of neck pain radiating to the left upper extremity. The provider documents in reviewing imaging studies the injured worker has evidence of disc degeneration and facet arthropathy. The provider also documents based on positive findings on exam, abnormal findings on cervical MRI and neuropathic descriptors of pain, it would seem pain may be arising from inflammation/irritation within cervical spine and associated nerve roots. Objective findings are not documented. The provider documented a recommendation of cervical epidural steroid injections in attempt to decrease symptoms and provide pain relief. Treatment plan included request for cervical epidural steroid injection and restart Gabapentin. The treatment request is for cervical epidural steroid injection - anesthesia with x-ray fluoroscopy to the cervical 7-cervical 11 and Gabapentin 300 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg, #30: Upheld

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 Anti-epilepsy drugs (AEDs), p16-18.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for neck pain with left upper extremity radiating symptoms. When seen, she was having increasing symptoms including finger numbness. Pain was rated at 7/10. There was left cervical and trapezius muscle tenderness. Spurling's testing was negative. There was decreased left upper extremity strength and a decreased left biceps reflex. An MRI of the cervical spine is referenced as showing disc bulging with disc degeneration and facet arthropathy. Medications include gabapentin at a dose of 300 mg per day. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day. In this case, the claimant's gabapentin dosing is less than that recommended or likely to be effective. Ongoing prescribing at this dose is not medically necessary.

Cervical epidural steroid injection anesthesia with X-ray fluoroscopy to the C7-C11: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs); Criteria for the use of epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections, Page(s): 46.

Decision rationale: The claimant sustained a work-related injury in November 2011 and continues to be treated for neck pain with left upper extremity radiating symptoms. When seen, she was having increasing symptoms including finger numbness. Pain was rated at 7/10. There was left cervical and trapezius muscle tenderness. Spurling's testing was negative. There was decreased left upper extremity strength and a decreased left biceps reflex. An MRI of the cervical spine is referenced as showing disc bulging with disc degeneration and facet arthropathy. Medications include gabapentin at a dose of 300 mg per day. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents decreased left upper extremity strength and biceps reflex. However, there are no corroborating findings by MRI or reported electrodiagnostic test result. The request was not medically necessary.