

<b>Case Number:</b>	CM15-0093693		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	06/20/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 32 year old male, who sustained an industrial injury on 6/20/13. He reported a popping in upper back. The injured worker was diagnosed as having cervical sprain/strain of neck, thoracic sprain/strain, left sided cervical radiculitis and tenosynovitis of left shoulder. Treatment to date has included oral medications including Gabapentin, topical medications including LidoPro cream and home exercise program. (EMG) Electromyogram/ (NCV) Nerve Condition Velocity studies performed on 11/21/14 noted left sided C5-7 cervical radiculopathy. Currently, the injured worker complains of continued mid back and left shoulder pain rated 7/10 without oral pain medication. He is currently unemployed. Physical exam noted constant neck/upper-mid back pain with constant tightness/pulling sensation to left side of neck/back of head, worse with activity and occasional radiation to left shoulder. A request for authorization was submitted for Gabapentin and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 100mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Weaning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Anti epilepsy medications Page(s): 18.

**Decision rationale:** MTUS Guidelines supports the use of Gabapentin when there is a neuropathic component of pain. This condition is clearly documented in this individual, as a radiculopathy is a syndrome with neuropathic pain. The Gabapentin is documented to provide significant pain relief and improvement in this individual's quality of sleep. Under these circumstances, the Gabapentin 100mg. #60 is supported by Guidelines and is medically necessary.