

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 12/11/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/2/2013
Date of Injury:	7/8/2008
IMR Application Received:	8/5/2013
MAXIMUS Case Number:	CM13-0006626

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 250MG #90 is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/5/2013 disputing the Utilization Review Denial dated 7/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/30/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Gabapentin 250MG #90 is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine & Pulmonary Disease and is licensed to practice in California. 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 treatments and/or services at issue.

### Expert Reviewer Case Summary:

The patient is a 49-year-old male who reported an injury on 07/08/2008. The patient was diagnosed with L5-S1 spondylolisthesis with right lumbar radiculitis. The patient received an MRI in 02/2012 that indicated there was a disc bulge and moderate facet arthropathy resulting in severe bilateral neural foraminal stenosis at the L5-S1 level. The patient received followup care to include injection therapy and psychological treatment. The patient underwent electrodiagnostic studies on 10/31/2011 that revealed evidence of acute and chronic denervation of the L5-S1 nerve roots. The patient consistently lacked medication detection in urine drug screens. The patient was prescribed Gabapentin 250 mg 3 times a day and Norco 10/325 mg twice a day.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
  - Claims Administrator
  - Employee/Employee Representative
  - Provider

**1) Regarding the request for Gabapentin 250MG #90:**

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator did not cite any evidence based criteria for its decision.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Section, pages 18-19, which is part of the MTUS.

Rationale for the Decision:

The requested Gabapentin 250 mg #90 is not medically necessary. The medical records provided for review indicated the employee did have previously documented radiculopathy symptoms reported by imaging and electrodiagnostic studies. However, the most recent clinical documentation submitted for review did not provide any deficits that would benefit from an antiepilepsy drug. Physical findings included decreased range of motion with complaints of pain. There were no clinical objective findings to support neuropathic pain. Additionally, there is no documentation of increased functional capabilities or symptom resolution as a result of this medication. Therefore, continued use would not be supported. **The request for Gabapentin 250 MG #50 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/jr

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.