

Case Number:	CM13-0007696		
Date Assigned:	01/15/2014	Date of Injury:	12/27/2007
Decision Date:	03/19/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 32-year-old female with date of injury on 12/27/2007. The progress report dated 06/26/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Chronic pain syndrome, (2) Morbid obesity, (3) Ongoing right foot complaints. The patient continues to complain of low back pain that she rates at a 4/10. She does have ongoing leg symptoms. Exam findings indicate an antalgic gait secondary to right foot complaints. She has diminished sensation of the right L4, L5, and S1 dermatomes. Patient was continued on Gabapentin 600 mg #60. The utilization review letter dated 07/26/2013 issued non-certification of this medication. Utilization review indicated the patient had been on this medication since November of 2012 with no objective decreased pain and no neuropathic pain symptoms demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #60: 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 Page(s): 18,19.

Decision rationale: The patient continues with a 4/10 low back pain with associated bilateral lower extremity symptoms. The exam findings on 06/26/2013 indicated diminished sensation of the right L4, L5, and S1 dermatomes. The progress reports dated 08/21/2013 and 10/16/2013 indicated the patient continues to take Gabapentin for nerve pain which helps her to do activities around the house. MTUS Guidelines page 18 and 19 regarding Gabapentin state that Gabapentin is recommended as a first-line treatment for neuropathic pain. The records appear to indicate the patient does suffer from neuropathic pain into the bilateral lower extremities and reports good benefit from this medication which allows her to improve function in the form of ADLs. Therefore, authorization is recommended.