

Case Number:	CM13-0042473		
Date Assigned:	12/27/2013	Date of Injury:	11/27/1995
Decision Date:	06/04/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert 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 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/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:

This patient is a 57-year-old male with date of injury of 11/27/1995. The listed diagnoses per [REDACTED] dated 10/15/2013 are back pain, degenerative disk disease and neuroforaminal stenosis. According to the medical report, the patient complains of pain in the lumbar spine. The objective findings show paraspinal muscle spasms present in the lumbar spine. Straight leg raise is negative. The treating physician also notes that the patient has utilized Neurontin previously, but no details were provided regarding its efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF GABAPENTIN 400MG #120, TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section Page(s): 18-19.

Decision rationale: The MTUS Guidelines page 18 and 19 on Gabapentin states, "Gabapentin (Neurontin®[®], Gabarone®[®], generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first line

treatment for neuropathic pain." In this case, while the patient reports ongoing back symptoms, there is no documentation of neuropathic pain. Given the lack of a clear diagnosis of neuropathy and lack of any documentation regarding this medication's efficacy, recommendation is for denial. The request is not medically necessary.