

Case Number:	CM13-0043694		
Date Assigned:	06/09/2014	Date of Injury:	11/27/1995
Decision Date:	07/14/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/24/2013

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 Family Medicine and is licensed to practice in Pennsylvania. 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:

According to an occupational medicine visit note on October 15, 2013, this injured worker was diagnosed with back pain, degenerative disc disease and neural foraminal stenosis. Subjective findings included "pain back off neurontin". The objective findings included "pain over lumbar spine with paraspinial muscle spasm, abnormal MRI." The treatment plan was for neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

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

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy Drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 16-19.

Decision rationale: The anti-epileptic drugs are recommended for neuropathic pain. According to the MTUS Chronic Pain Medical Treatment Guidelines there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. Gabapentin specifically has been shown to be effective for diabetic painful neuropathy and post therapeutic neuralgia and may be indicated for other neuropathic pain. Gabapentin however has no indication for back pain. In this workers case there is no documentation of pain attributed to neuropathy. The visit

note on October 15, 2013 indicates back pain only. Therefore there is no medical necessity for gabapentin in this case.