

Case Number:	CM13-0043737		
Date Assigned:	12/27/2013	Date of Injury:	01/03/2005
Decision Date:	03/18/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/26/2013

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Florida. 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 43-year-old male who reported injury on 1/3/05. The patient slipped and fell down the steps of a bus and hit his back on the steps of the bus. The most recent office note indicated that the patient had bilateral low back pain radiating into the right buttock, right posterior thigh, and right posterior calf. The patient's current medications were Seroquel, Percocet, Abilify, Cyclobenzaprine, and Gabapentin. The patient's diagnoses were right lumbar radiculopathy with right lower extremity weakness, disc protrusion at L4-5 measuring 4mm with annular disc tear, lumbar disc protrusion at L3-4, central disc protrusion at L4-5, central disc protrusion at L3-4, lumbar facet joint arthropathy, lumbar sprain/strain, transitional L5-S1 vertebrae, and fluid in the bilateral L3-4 and bilateral L4-5 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 Gabapentin 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Page(s): 60.

Decision rationale: The California MTUS Guidelines indicate that Gabapentin is an appropriate treatment for neuropathic pain. It further indicates that there should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation indicated that the patient was having more pain/spasms and function had worsened due to the lack of medication. Gabapentin partially meets MTUS and Official Disability Guidelines in that it provides 50% improvement for the neuropathic pain; however, there was a lack of documentation of an objective decrease in the VAS score and objective functional improvement with the medication. Given the above, the request for Gabapentin is not medically necessary.