

Case Number:	CM13-0048068		
Date Assigned:	12/27/2013	Date of Injury:	04/20/2012
Decision Date:	05/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/04/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine 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:

The patient is a 38 year old man a work related injury on April 20, 2012. Subsequently, he developed with chronic back pain radiating to both knees. According to a note dictated on October 2, 2013, the patient continued to have chronic back pain. His physical examination demonstrated diffuse tenderness in the lumbar spine. The patient was treated with Neurontin, Flexeril and Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEXAPRO 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LEXAPRO

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LEXAPRO, AND [HTTP://WWW.WORKLOSSDATAINSTITUTE.VERIOIPONLY.COM/ODGTWC/STRESS.H](http://www.worklossdatainstitute.verioiponly.com/odgtwc/stress.htm) TM

Decision rationale: According to ODG guidelines, Lexapro is recommended as a first-line treatment option for major depressive disorder. There is no documentation that the patient suffered major depression, therefore Lexapro is not medically necessary.

GABAPENTIN 600MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), MENTAL ILLNESS & STRESS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GABAPENTIN Page(s): 49.

Decision rationale: According to MTUS guidelines, <<Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsions), which 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. >> There is no clear evidence that the patient has a neuropathic pain. Furthermore, there is no evidence that Gabapentin is effective in back pain. Therefore, the prescription of Gabapentin 600mg #90 is not medically necessary.