

Case Number:	CM13-0056466		
Date Assigned:	12/30/2013	Date of Injury:	08/10/2006
Decision Date:	05/07/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/22/2013

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, 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:

he injured worker is a 58-year-old male who reported an injury on 08/10/2006. The injured worker's medical history included gabapentin as of 2006. The documentation dated 09/16/2013 revealed the injured worker had complaints of chronic low back pain. The injured worker indicated that the medications helped him to manage his pain and maintain his current level of function. The diagnoses included lumbar/lumbosacral disc degeneration and lumbar disc displacement. The request was made for Etodolac, gabapentin, and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF GABAPENTIN 300 MG, #90 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs, Page(s): 16.

Decision rationale: California MTUS Guidelines recommend anti-epileptic medications as a first line medication for the treatment plan of neuropathic pain. There should be documentation of an objective decrease pain and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2006.

There was a lack of documentation of a decrease in pain and objective functional benefit. There was a lack of documentation indicating the necessity for 1 refill without re-evaluation. There was a lack of documentation indicating the frequency for the requested medication. Given the above, the request for one prescription of Gabapentin 300 mg, #90 with one refill is not medically necessary.