

Case Number:	CM13-0067301		
Date Assigned:	01/03/2014	Date of Injury:	05/12/2003
Decision Date:	05/19/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/17/2013

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 & 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:

The patient is a 35 year old male with an injury date of 05/12/03. Based on the 03/26/13 progress report provided by [REDACTED] the patient's diagnosis include cervical spine sprain/strain (no specific location indicated) and lumbar spine sprain/strain (no specific location indicated). [REDACTED] is requesting for Gabapentin 600 mg #90. The utilization review determination being challenged is dated 05/05/13 and recommends denial of the Gabapentin. [REDACTED] is the requesting provider, and he provided two treatment reports from 03/26/13 and 09/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF GABAPENTIN 600 MG # 90: Upheld

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

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

Decision rationale: According to the 03/26/13 progress report by [REDACTED], the patient presents burning tingling, mostly in his lower neck and mid thoracic spine, which he rates 8-9

most of the time. The request is for Gabapentin 600 mg #90. Both the 03/26/13 and 09/26/13 progress report request for gabapentin 1 bid- tid 600 mg #90. The treater does not provide any documentation as to how the medication is tolerated and beneficial for the patient's symptoms. For Gabapentin MTUS requires, "The patient should be asked at each visit as to whether there has been a change in pain or function... Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case the patient has been prescribed Gabapentin since 03/26/2013. The only subsequent report dated 09/26/13 has no discussions on the efficacy of this medication. Given the lack of appropriate assessment, recommendation is for denial. The request for Gabapentin 600mg, #90 is not medically necessary.