MAXIMUS Federal Services

Case Number:	CM13-0069283		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2003
Decision Date:	05/28/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/20/2013

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 Occupational 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:

Patient is an employee of [redacted] who filed a claim of low back pain associated with industrial injury date of 6/20/2003. Treatment to date include, MRI of thoracic spine and lumbar spine, X-ray of lumbar spine which showed no evidence of complication of lower lumbar fusion, degenerative disc disease above the area of the fusion, lumbar fusion surgery on 10/26/2010, right carpal tunnel release surgery on 5/22/12, s/p hardware removal at L4-S1 back on 3/12/13. Physical therapy sessions were done. Medications prescribed were Nuvigil 150 mg/tab, Norco 10/325 mg, Soma 350 mg/tab, Duragesic 12 Mcg/hr Patch, Duragesic 50 Mcg/hr Patch, Gabapentin 300 mg/capsule, Leapro 10mg/tab, Paxil 40 mg prescribed on 2011. Gabapentin was discontinued due to lack of efficacy in the December 2013 progress note. Medical records from 2006-2013 were reviewed which showed consistent low back pain with a pain scale of 4/10. Quality of sleep is poor. He was able to do activities of daily living with moderate pain. Physical examination showed lumbar dpine range of motion is restricted with flexion to 35 degrees, extension limited to 13 degrees and limited by pain. On palpation, paravertebral muscles were tender and tight. Straight leg raising test is positive on the left side.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG ONE (1) DAILY #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-22.

Decision rationale: As stated on page 16-22 of the California MTUS Chronic Pain Medical Treatment Guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Outcomes with at least 50% reduction of pain are considered good responses while those with 30% reduction may consider another or additional agent. In this case, the patient has been using gabapentin as far back as 2011. However, gabapentin was discontinued in December 2013 due to lack of efficacy. Therefore, the request for Gabapentin 300mg is not medically necessary.