

Case Number:	CM13-0072130		
Date Assigned:	01/08/2014	Date of Injury:	11/19/2012
Decision Date:	06/06/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/30/2013

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:

The injured worker is a 38 year old male who reported an injury on 11/19/12 secondary to pushing a heavy object. The clinical note dated 4/11/13 reported that the injured worker complained of lower back pain radiating into his left buttock; therapy had not helped. The physical examination noted tenderness in the injured worker's left lower lumbosacral spine with a negative straight leg raise. The MRI report was not provided for review, although the provider stated there was an L5-S1 annular tear and disc bulging. There was an electromyography/nerve conduction study performed on 2/12/13 with normal findings; the bilateral lower extremities demonstrated no acute or chronic denervation, and no radiculopathy, lumbar plexopathy, or peripheral nerve injury bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG QHS #90: Upheld

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

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

Decision rationale: The injured worker has a history of low back pain radiating to his left buttock. The California MTUS guidelines state that Gabapentin is an anti-epilepsy drug that has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The documentation provided for review states that the injured worker has radiating low back pain, although there is no documentation with clear evidence of radiculopathy. The diagnostic studies provided for review show no acute or chronic denervation and no radiculopathy. As such, the request is not medically necessary.