

Case Number:	CM14-0007015		
Date Assigned:	01/29/2014	Date of Injury:	06/17/2013
Decision Date:	06/19/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/15/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 48-year-old male with a reported date of injury on 06/17/2013. An MRI on the lumbar spine performed on 08/01/2013 revealed L4-5 and L5-S1 disc dehydration with posterior L3-4, L4-5, L5-S1 annular bulging. According to the documentation dated 10/07/2013, the injured worker had normal EMG and NCV findings. According to the documentation dated 11/19/2013, the injured worker attended physical therapy of unknown duration. The injured worker's lumbar range of motion was recorded as "normal" in flexion and extension. Motor strength was reported as 5/5. The injured worker's diagnoses included lumbar back pain, degenerative disc disease of the lumbar spine, lumbar myofascial pain, depression, and panic disorder. The request for authorization for Gabapentin 100 mg 3 times a day was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 100MG THREE TIMES A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRUGS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Antiepilepsy Drugs (AEDs), Page(s): 16-18.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend epilepsy drugs for neuropathic pain. According to the guidelines, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. According to the documentation provided, there was a lack of objective clinical findings of neuropathy. The clinical note dated 11/19/2013, reported that the EMG and NCV findings were "normal". The rationale for the request of Neurontin is unclear. Additionally, the request did not specify the quantity of the medication being requested. Therefore, the request for Gabapentin 100 mg 3 times a day is not medically necessary.