

Case Number:	CM14-0007503		
Date Assigned:	02/10/2014	Date of Injury:	10/03/2008
Decision Date:	08/04/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/21/2014

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 and is licensed to practice in Nevada. 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 59-year-old male who was reportedly injured on October 3, 2008. The mechanism of injury was lifting a wheelchair. The most recent progress note dated January 30, 2014, indicates that there are ongoing complaints of low back and left lower extremity pain. Current medications include gabapentin and buprenorphine. The progress note stated that the injured employee uses gabapentin for sleep and that the current dosage is not strong enough. However this note also states that the injured employee felt the gabapentin dosage was too strong. The physical examination demonstrated an antalgic gait and the use of a cane. There was a positive left-sided straight leg raise test. No complete neurological examination was performed. Diagnostic imaging studies objectified a 2 mm disc bulge at L3 - L4, L4 - L5, and L5 - S1. Nerve conduction studies have shown an L5 and S1 radiculopathy. Treatment plan included a recommendation for lumbar epidural steroid injections as well as refills of gabapentin and buprenorphine. A request had been made for gabapentin and was not certified in the pre-authorization process on January 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine (Subutex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-20, 49 OF 127.

Decision rationale: Gabapentin is considered a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic type pain or radicular pain on exam or subjectively. Furthermore, there is contradicting documentation as to whether prior use of gabapentin has been effective or not. As such, for these multiple reasons this request for gabapentin is not medically necessary per MTUS.