

Case Number:	CM14-0008653		
Date Assigned:	02/12/2014	Date of Injury:	09/26/2000
Decision Date:	06/24/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery 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 claimant is a 74-year-old male who was injured on September 26, 2000. The claimant is documented as being on gabapentin 1200mg daily dating back to June 20, 2012. On December 4, 2013, and the claimant is documented as presenting with continued low back pain radiating to both lower extremities. The pain is documented as having increased on the last visit and is currently rated as 7/10. The neuropathic pain is documented as having increased since the gabapentin was previously discontinued. The utilization review in question was rendered on December 24, 2013. The reviewer noncertified the request for Gralise (Gabapentin). The reviewer indicated that despite the continued use of the gabapentin, the claimant did not have document pain improvement or objective functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

GRALISE 600 MG #60 WITH 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

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

Decision rationale: The Chronic Pain Guidelines support the use of gabapentin as a first-line medication in the management of neuropathic pain. Based on the clinical documentation provided, the claimant did utilize this medication for an extended length of time. However, since discontinuing the medication, the claimant's neuropathic pain has increased. As such, the medication is considered medically necessary.