

Case Number:	CM14-0100330		
Date Assigned:	07/30/2014	Date of Injury:	09/03/2013
Decision Date:	09/17/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/30/2014

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 25-year old male who reported an injury on 09/03/2014; however, the mechanism of injury was unspecified. He had diagnoses of lumbar degenerative disc disease, myofascial pain and numbness and tingling. The injured worker was previously treated with medications and chiropractic therapy. The injured worker had an examination on 05/29/2014 with complaints of low back pain 5/10, with radiation to the lower extremities with numbness, stinging and tingling, inability to sleep for more than 3-4 hours due to the low back pain but, with the use of gabapentin it increased to 6 hours. The examination had findings of positive straight leg raise. The injured worker's medications were noted to include gabapentin and Tylenol. The treatment plan included gabapentin for pain management. The request for authorization was submitted for review on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 600 mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin). Decision based on Non-MTUS Citation Backonja, 2002; Eisenberg, 2007.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 18.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state Gabapentin is an anti-epilepsy drug which 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. The injured worker had complaints of low back pain that radiated with numbness and tingling which is indicative of neuropathic pain. Previous use of gabapentin was documented and stated to have helped with the pain. However, quantifiable pain values were not included to verify sufficient pain relief with use. Additionally, the request failed to include a frequency. As such, the request for 1 prescription of Gabapentin 600 mg #90 with 3 refills is not medically necessary.