MAXIMUS Federal Services

Case Number:	CM14-0019509		
Date Assigned:	04/21/2014	Date of Injury:	08/22/2012
Decision Date:	07/02/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/14/2014

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 Family Practice and is licensed to practice in California, Tennessee, and Virginia. 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 36 year-old female who is reported to have sustained work related injuries on 08/22/12. It is reported that she sustained injuries to her low back and right hand as the result of a slip and fall while in a steam room on the date of injury. The injured worker has been treated with oral medications, physical therapy, acupuncture, electrical stimulation, and bracing. An electro diagnostic (EMG/NCV) Study of the upper extremities dated 09/11/13 is reported as normal. An EMG/NCV of the lower extremities performed on 11/20/12 reveal no evidence of a peripheral neuropathy or radiculopathy. The record contains compliance testing dated 10/28/13. The results of this test indicate the injured worker was not utilizing any medications. There was no qualitative measurement of Gabapentin in the sample provided. A request for Gabapentin was previously denied under utilization review dated 01/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 300MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTUEPILEPSY DRUGS Page(s): 16-22.

Decision rationale: The request for Gabapentin 300 mg # 60 is not supported as medically necessary. The submitted clinical records indicate the injured worker has subjective complaints of neuropathic pain not validated by electro diagnostic (EMG/NCV) studies. It is further noted that a qualitative urine drug screen dated 10/28/13 showed no evidence of the use of Gabapentin despite prior prescriptions. Therefore, given the lack of correlating electro diagnostic studies and the lack of documented compliance the medical necessity for continued use of this medication is not established.