

Case Number:	CM14-0116593		
Date Assigned:	08/08/2014	Date of Injury:	07/06/2009
Decision Date:	09/12/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 injured worker is a 47-year-old male who reported an injury on 07/06/2009 due to an unknown mechanism. Diagnoses were cervical radiculitis, lumbar facet arthropathy, status post fusion, lumbar spine, erectile dysfunction due to medication use, due to pain, iatrogenic opioid dependency, pruritus about abdominal incision, GI upset with NSAIDS. Past treatments reported were facet blocks with limited response. Diagnostic studies were an MRI without contrast on 06/06/2012. Also, there was a CT scan of the lumbar spine without contrast on 10/29/2012. Surgical history was reported as lumbar spine surgery. Physical examination on 06/23/2014 revealed complaints of low back pain. The injured worker reported that the pain radiated down the bilateral lower extremities. Pain was aggravated by activity and walking. Examination of the lumbar spine revealed spasm in the paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L1-3 levels, L3-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. Facet signs were present in the lumbar spine bilaterally. Sensory exam revealed decreased sensitivity in both lower extremities. Medications were Norco, hydrocodone APAP, tizanidine, Viagra, zolpidem, gabapentin, Butrans patch. Treatment plan was to continue medications as directed. The rationale was stated as gabapentin is an anticonvulsant class medication used for management of chronic neuropathic pain in this patient. The ODG-TWC Drug Formulary has indicated under the status column (per ODG, the most important column) that this drug is a preferred drug and is contained on the formulary. The Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30 with 1 refill, for chronic lumbar pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for gabapentin 300 mg quantity 30 with 1 refill for chronic lumbar pain is non-certified. The California Medical Treatment Utilization Schedule Guidelines indicate that gabapentin is 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. Although the injured worker has reported pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is non-certified.