

Case Number:	CM14-0118017		
Date Assigned:	08/06/2014	Date of Injury:	04/05/2013
Decision Date:	09/10/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	07/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 33-year-old male with a 4/5/13 date of injury. At the time (7/28/14) of request for authorization for Gabapentin 600mg 07012014, there is documentation of subjective (low back pain going down the right leg, pain rated 2/10, tingling around the knee) and objective (tenderness in L4 and L5 spinous processes, -5/5 muscles strength right iliopsoas, gastroc soleus complex, and extensor hallucis longus) findings, current diagnoses (lumbar disc displacement without myelopathy; sprain/strain lumbar region), and treatment to date (physical therapy, chiropractic, and medications (including Diclofenac, cyclobenzaprine, and gabapentin (since at least 1/14))). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of gabapentin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg 07012014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of gabapentin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar disc displacement without myelopathy; sprain/strain lumbar region. In addition, there is documentation of neuropathic pain. However, given medical records reflecting prescription for gabapentin since at least 1/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 600mg 07012014 is not medically necessary.