

Case Number:	CM14-0125645		
Date Assigned:	09/24/2014	Date of Injury:	02/05/2013
Decision Date:	11/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/07/2014

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 Medicine and is licensed to practice in Arizona. 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:

Patient is a 34 year old male with a date of injury on 2/5/2013. Subjective complaints are of ongoing low back pain rated as 7/10, bilateral knee pain rated 5/10, and bilateral hip pain rated as 7/10. Physical exam showed tender thoracolumbar paraspinal muscles, muscle spasm, decreased range of motion, and normal strength, reflexes, and sensation. Straight leg raise test was negative. Diagnoses include L5-S1 disc protrusion with left lower extremity radiculopathy, and facet syndrome. Treatments include TENS, chiropractic, and medications. Medications include Norco, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600 MG #90: 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 AEDs Page(s): 16.

Decision rationale: CA MTUS indicates that Gabapentin is an anti-seizure medication that is recommended for neuropathic pain. CA MTUS also adds that following initiation of treatment there should be documentation of at least 30% pain relief and functional improvement. The

continued use of an AED for neuropathic pain depends on these improved outcomes. Review of the submitted medical records did not identify any documentation that demonstrated objective neuropathic pain or pain relief and functional improvement with this medication. Therefore, the medical necessity for Gabapentin is not established.