

Case Number:	CM14-0151803		
Date Assigned:	09/19/2014	Date of Injury:	01/22/2003
Decision Date:	10/21/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/17/2014

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 & Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 66 year old male who sustained a work injury on 1-22-03. Medical Records reflect the claimant has chronic complaints of bilateral shoulder pain and two back pain that radiates to lower extremities. Office visit on 7-16-14 notes the claimant was seen for preop evaluation prior to a lumbar epidural steroid injection. He continues with low back pain with pain into the buttocks and along the bilateral lower extremities through the foot. The claimant reports that the left lower extremity symptoms began since January, after he had shingles which has completely resolved. The claimant reports numbness and tingling in the lower extremities. He had a prior epidural steroid injection with benefit lasting about 6 months. Office visit on 8-20-14 notes the claimant underwent a lumbar epidural steroid injection on 7-22-14 and felt better since the injection. He no longer had pain down the lower extremities. He continued with axial back pain. ED visit on 8-28-14 notes the claimant reported left sided chest wall pain as well as left flank pain status post a fall from approximately 5" height unto his back three days prior. There was concern that the claimant was at high risk for pneumonia or other complications. Lab and diagnostic testing performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti epileptic medications Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - anti epileptic medications

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG notes that anti convulsants are recommended for neuropathic pain. There is an absence in documentation noting physical exam findings showing radiculopathy. Most recent office visits notes complaints of pain but there is no documented physical exam findings to support neuropathic pain. Therefore, the request for this medication is reasonable and medically indicated.