

Case Number:	CM14-0167584		
Date Assigned:	10/14/2014	Date of Injury:	07/02/2014
Decision Date:	11/17/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 07/02/14, when, while working as a forklift driver, he was lifting a ramp and subsequently developed back pain. Treatments include medications. He was seen by the requesting provider on 07/11/14. He was having pain throughout his back rated at 9/10 with radiating symptoms into the upper and lower extremities. He was having difficulty sleeping. Physical examination findings included tenderness throughout the spine with decreased and painful range of motion. He had decreased lower extremity sensation with bilateral upper extremity and right lower extremity weakness. Straight leg raise testing caused pain radiating to the knee. Imaging results were reviewed. An x-ray of the lumbar spine had shown Grade I anterolisthesis at L5-S1 with mild disc space narrowing, possibly increased with extension. Nortriptyline and Hydrocodone/Acetaminophen were prescribed. He was referred for a trial of chiropractic care. Authorization for additional testing was requested. He was continued at temporary partial disability. Authorization for Gabapentin was subsequently requested on September 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg tablets: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The claimant is status post work-related injury occurring in July 2014 and is being treated for back pain and for radiating symptoms into the upper and lower extremities. Gabapentin has been shown to be effective in the treatment of painful diabetic neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. When used for neuropathic pain, guidelines recommend a dose titration of greater than 1200 mg per day with an adequate trial consisting of three to eight weeks. In this case, the claimant has radiating upper and lower extremity pain and therefore initiating treatment with Gabapentin was medically necessary.