

Case Number:	CM14-0020510		
Date Assigned:	04/25/2014	Date of Injury:	07/13/2001
Decision Date:	07/07/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/18/2014

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 Occupational Medicine 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:

Patient is an employee of [REDACTED] who has submitted a claim of low back pain associated with an industrial injury date of 7/13/2001. Treatment to date has included, left lumbar hemilaminectomy and discectomy at L4-L5 and L5-S1, physical therapy sessions and intake of medications which include, Gabapentin-neurontin 600mg, Amlodipine 5mg, Aspirin 325 mg/tab, Atenolol 100 mg/tab, Colestipol Hcl 1 gm/tab, Lisinopril-Hydrochlorothiazide 10/12.5 mg/tab which were prescribed since at least 07/01/2013. Medical records from 2012-2013 were reviewed which showed consistent pain in his lower back with a pain scale of 6-7/10 without medications. He continues to have left sided pain which radiates into his left lower extremity that extends below the knee. He mentioned that prolonged sitting, standing, walking, showering and lying down aggravate his symptoms and that gabapentin helps reduce some of his pain allows for rgreater functioning. Physical examination showed tenderness at lumbosacral junction over L3-L5 left facet joints. Pain was noted with extension and positive for pain with axial loading of the facet joints. Range of motion of lumbar spine is decreased by 30% with flexion and 25% with rotation bilaterally. Lumbar spine MRI was done on 4/9/2008 which showed mild-moderate right neural foraminal stenosis at L4, L5,S1. There's 2mm annulus disc bulge at L3-4. Utilization review from 1/17/2014 modified the request of 1 prescription of Gabapentin/Neurontin 600mg #60 to a certification of 1 prescription for the said medication between 1/14/2013 and 3/16/2014 because abrupt discontinuation of Gabapentin is not recommended and a weaning protocol is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN/NEURONTIN 600MG #60: Overturned

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

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

Decision rationale: As stated on page 16 of CA MTUS, Chronic Pain Medical Treatment Guidelines, gabapentin is recommended for neuropathic pain. In this case, patient has been prescribed with gabapentin as early as July 2013. The 1/14/14 medical report indicated that the patient continues to complain of low back pain, which radiates to his left lower extremity. On examination, there was a positive left straight leg raise. These clinical findings are supported by radiological findings from a 4/9/08 MRI also mentioned in the 1/14/14 medical report, which describes left foraminal stenosis at L4-5 and L5-S1 and right foraminal stenosis at L4-5. There was no noted adverse effect from its use. Therefore, the request for Gabapentin/Neurontin 600mg #60 is medically necessary.