

Case Number:	CM14-0028293		
Date Assigned:	06/13/2014	Date of Injury:	05/19/1979
Decision Date:	08/26/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/05/2014

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 Medicine 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:

The injured worker is a 70 year old male who had a work-related injury on 05/19/79. The injured worker apparently had surgery which was a decompression, bilateral laminectomy and foraminotomy with interbody fusion with posterior instrumentation at L4-5. Most recent note submitted for review was dated 02/06/14. The injured worker returns for follow-up, he has been dealing with a recent loss of his mother. He has had low back and hip pain with all the additional activities and standing that he has to do. He rates his current pain level as a 4/10 in intensity. He states that his medications are helping to manage his pain and he requires a refill of his current prescriptions. Current medications include Amitiza, Cymbalta, Gabapentin, Lyrica, Oxycontin 40mg, Percocet 10/325mg, Biofreeze Topical Gel, Topamax, and Lunesta. Physical examination noted he weighed 240 pounds, 6 feet tall in height, and body mass index is 32.55. Diagnoses: grade 1 spondylolisthesis at L4-5, status-post decompression, bilateral laminectomy and foraminotomy, interbody fusion with posterior instrumentation at L4-5, bilateral lower extremity radiculopathy, pain syndrome, and spinal stenosis. The injured worker has had caudal epidural steroid injection and selective nerve root injection. Results were not submitted for review. Prior utilization review was not medically necessary for the Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 600MG #120 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, Antiepilepsy drugs (AEDs).

Decision rationale: The request for Gabapentin 600mg #120 with 5 refills is not medically necessary. The clinical documentation submitted for review does not support the request. The documentation submitted indicates the injured worker is taking several anti-epileptic drugs without clear indication of efficacy. The injured worker is taking Lyrica. It is not clear as to the efficacy of adding 2 medications that act on the same end receptors. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms and medications should only be changed by the prescribing physician.