

Case Number:	CM14-0034908		
Date Assigned:	06/23/2014	Date of Injury:	07/01/2002
Decision Date:	07/24/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/20/2014

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 is licensed to practice in New York and 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 54 year old male who reported an injury to his low back from an incident on 07/01/02. No description of the initial injury was provided in the submitted clinical documentation. The agreed medical evaluation on 03/12/12 indicated the injured worker complaining of ongoing low back pain. The injured worker underwent L4-5 fusion in 08/04 and re-exploration of fusion at L4-L5 in 11/05 but continued with complaints of pain. A subsequent magnetic resonance imaging on 05/11 revealed L2-L3 bulge with mild central stenosis and bilateral neural foraminal narrowing. The injured worker demonstrated 5/5 strength with no significant reflex deficits and demonstrated decreased sensation in the left lower extremity. Ongoing complaints of low back pain were identified. The qualified medical exam on 10/25/12 indicated the injured worker was working full time at that time but had a lifting restriction in place. A clinical note dated 12/11/13 indicated the injured worker utilizing Norco and Gabapentin for pain relief. The injured worker was ambulating with a slightly altered gait favoring the right lower extremity. Tenderness to palpation was identified over the lumbar paraspinal region. Generalized weakness was identified through the right lower extremity. The injured worker was unable to perform full flexion/extension in the lumbar spine and identified as being neurologically intact in the lower extremities. Electrodiagnostic studies on 01/10/14 revealed findings consistent with a left S1 radiculopathy and L5 radiculopathy on the left. A clinical note dated 02/24/14 indicated the injured worker being recommended for the continued use of Gabapentin in order to address his ongoing neuropathic symptoms. Strength deficits were identified throughout the left lower extremity. The injured worker was neurologically intact. The utilization review dated 02/11/14 resulted in non-certification for use of Gabapentin as no

information was submitted confirming positive response to the use of this medication. The utilization review dated 06/25/14 resulted in a modified approval for the use of Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation fails to establish the presence of objective findings consistent with neuropathy. No information was submitted confirming the patient continued objective functional improvement with the use of this medication. As such, the request for Gabapentin cannot be recommended as medically necessary.