

Case Number:	CM14-0039482		
Date Assigned:	06/27/2014	Date of Injury:	02/22/2006
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 46-year-old female who reported an injury on 02/22/2006 due to falling from a packing car. The injured worker had a history of lower back pain with a diagnoses of cervical radiculopathy, chronic shoulder pain, unspecified neuralgia, neuritis, and radiculitis. The diagnostics were unavailable. The past treatments included trigger point injection dated 08/13/2013, along with chiropractic therapy and physical therapy of unknown dates. Per clinical note dated 12/30/2013, the injured worker's physical exam revealed pain noted when neck with flexed anteriorly, extension of the cervical spine is noted at 30 degrees. The lumbar spine revealed pain on palpation to the lumbar spine bilaterally at the L3 to the S1 region, palpation of the lateral sacroiliac joint area revealed no pain, twitch positive trigger points are noted in the lumbar paraspinous muscles. Motor strength is normal. Deep tendon reflexes are intact throughout. The medications included Percocet 10 mg, Flexeril 10 mg, Neurontin 300 mg, Norco 10 mg, Robaxin 750 mg, and Flector patch with a reported pain level of 6/10 using the VAS scale. The treatment plan included refill of medications with a compound cream that included Gabapentin 3%, Calamine 2%, and Baclofen 1% for musculoskeletal pain, continue activities as tolerated. The request was not submitted with documentation. Rationale for the gabapentin was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medications Gabapentin (duration unknown and frequency unknown) dispensed on 12/30/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 18.

Decision rationale: The California MTUS Guidelines recognize Gabapentin/Neurontin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment in neuropathic pain. Per the documentation provided, there was no evidence that the injured worker had any neuropathy, neuropathic pain, or postherpetic neuralgia. The request did not address the duration and the frequency. As such, the retrospective request for medications Gabapentin (duration unknown and frequency unknown) dispensed on 12/30/2013 is not medically necessary and appropriate.