

Case Number:	CM14-0039724		
Date Assigned:	06/27/2014	Date of Injury:	01/30/2009
Decision Date:	08/13/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 Geriatrics, and is licensed to practice in New York. 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 33-year-old man with a date of injury of 1/30/09. His physician saw him on 3/4/14 in follow up of pain in his right shoulder and lower back with radiation to his right leg. He also complained of abnormal gait, back pain, muscle spasms, numbness, tingling and weakness. He reported that his medications reduced his pain with minimal side effects and improved function. Specific medication side effects nor improvement details are not included. His medications included gabapentin, OxyContin, Soma, Xanax, Cymbalta, Nuvigil and Norco. His physical exam showed gait assisted by a cane. He had tenderness and spasm of his paravertebral lumbar muscles with a positive straight leg raise on the right at 45 degrees. His motor exam was normal with 1/4 ankle and patellar reflexes. He had decreased sensation in the L5 right dermatome. His right shoulder showed restricted flexion and normal extension and tenderness to palpation in the sub deltoid bursa. His diagnoses were disc disorder lumbar, lumbar facet syndrome and radiculopathy, post-lumbar laminectomy syndrome, anxiety disorder, depression with anxiety, low back pain, spinal lumber DDD and radiculopathy. At issue in this review is the prescription refill of gabapentin. The initial start date is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg. one by mouth three (3) times a day #90 One (1) Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Antiepilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page 16-22 Page(s): 16-22.

Decision rationale: This worker has chronic back and neck pain with pain and spasm noted on physical examination. His medical course has included use of several medications including narcotics and gabapentin. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. The medical records does not show documents on any specific improvement in pain, functional status or side effects related to gabapentin to justify ongoing use. He is also receiving opioid analgesics and the medical necessity of gabapentin is not substantiated in the medical records. Therefore, the request is not medically necessary.