

Case Number:	CM14-0042393		
Date Assigned:	06/30/2014	Date of Injury:	07/30/2010
Decision Date:	08/05/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/08/2014

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 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:

The injured worker is a 34year old male who reported an injury on 07/30/2010 from an unknown mechanism of injury. The injured worker had a history of right hip/groin pain and right leg pain. No diagnosis was given. There was no documentation of prior treatments. The medications included Norco 10/325mg and gabapentin 300 mg with 3/10 on the VAS. Per the objective findings dated 02/27/2014, the assessment noted the injured worker had neuropathic pain. Per the notes dated 05/09/2014 objective findings revealed the injured worker ambulated with the assistance of a cane with an antalgic gait noted. The motor examination revealed right hip flexors 5/5, right 5/5, right foot, evertors 5/5, and right foot invertors are 5/5. The lower extremity reflex revealed right knees at 2+ and the ankle was a 2+. The injured worker is status post right inguinal hernia repair. The treatment plan includes continue with the Norco 10/325 and the gabapentin and urine toxicology test and followup in 12 weeks. The request for authorization for Gabapentin 300mg was submitted with documentation; however, it was not dated. The rationale for the gabapentin was not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Gabapentin 300mg, no refill, related to groin, hip and right leg pain:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition McGraw Hill 2006.

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

Decision rationale: The California MTUS Guidelines indicate that gabapentin has been effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. Per the notes dated 05/09/2014, these revealed that sensation was intact, the hip and right leg exam revealed negative piriformis tenderness along with a negative Lasegue test. The 05/09/2014 did not include an adequate pain assessment and did not provide objective evidence of the efficacy of the requested medication to support continuation. The request did not address the frequency of the medication. As such, the request for 60 capsules of gabapentin 300 mg, no refill, related to the groin/hip and right leg pain is not medically necessary and appropriate.