

Case Number:	CM14-0062785		
Date Assigned:	07/11/2014	Date of Injury:	05/26/2011
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 Family Practice and is licensed to practice in Ohio. 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 45-year-old female whose original date of injury was May 26, 2011. She has been diagnosed with lumbar disc disease, sacroilitis, lumbar radiculopathy, and lumbar disc disease. She is had low back pain radiating into the right lower extremity at times. She completed chiropractic and physical therapy sessions and graduated to a home exercise program. She returned to work but has continued to require anti-inflammatory medication and gabapentin. Several progress notes from the treating physician clearly indicate improved pain control, better sleep, and improved activities of daily living while on the medication versus the time she is not. A previous utilization review from May 21, 2014 denied a request to refill the gabapentin with the rationale being that the patient had not filled medication for some four months as she was trying to wean herself from this. Her physical exams have revealed evidence of a right-sided lumbar radiculopathy however the physical presence of a radiculopathy is more noticeable clinically at times than others. As of April 13, 2014 the patient continued to complain of low back pain with numbness, tingling, and weakness although the note does not specify where these neurologic symptoms are occurring. An MRI scan from July 6 of 2011 revealed evidence of a 2-3 mm disc protrusion at the L4-L5 and L5-S1 levels consistent with annular tears and right-sided L4 foraminal stenosis. An electro myelogram from February 14 of 2013 did not suggest a radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 300mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin) Page(s): 16.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Section, Gabapentin.

Decision rationale: Gabapentin is an anti-epilepsy drug which 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. The injured worker in this instance has had subjective and objective evidence of neuropathic pain. As of April 2013 the injured worker continued to have neuropathic pain symptoms and was quite clear that the medication was effective. The previous utilization review decision was to non-certify refills of gabapentin on the basis that recent refills could not be verified. The record indicates that the injured worker had previously been taking the gabapentin twice daily but had reduced the dosage frequency to once daily. This seems a logical explanation for the apparent lack of refills. Gabapentin is therefore medically necessary.