

Case Number:	CM14-0072758		
Date Assigned:	07/16/2014	Date of Injury:	07/07/2006
Decision Date:	08/28/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/19/2014

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 68-year-old-female sustained an industrial injury on 07/07/2006. The mechanism of injury was not mentioned. She has been complaining of severe intractable low back and bilateral lower extremity pain. The pain radiates to the left hip, bilateral legs and feet. The current medications are Dilaudid, Tizanidine, Omeprazole, Neurontin, Ranitidine, Senna, Levothroid, Lisinopril, and Claritin Caps. She has tried other medications including Oxycodone, which cause side effects. There are no side effects associated with these medications apart from frequent constipation, gastritis and reflux. Physical examination showed tenderness to palpation in the lumbar spine. Straight leg raising test is positive bilaterally. Gait was noted to be antalgic with the use of a single point cane. Posture is normal. Neurological exam showed sensory examination is decreased on the B/L L5, B/L S1 and right L4. The diagnosis is intervertebral lumbar disc D/O-Myelopathy. UR request for 120 Neurontin (Gabapentin) 600 mg, 1 tablet every 6 hours was denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 120 Neurontin (Gabapentin) 600mg, 1 tablet every 6 hours: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Workers' Compensation Drug Formulary, Goodman and Gilman's The Pharmacological Basis of Therapeutics 12th Ed, www.online.epocrates.com, www.empr.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Gabapentin.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin, is recommended for neuropathic pain (pain due to nerve damage). 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. The medical records do not establish the patient has the above neuropathic pain. There are no signs or symptoms of neuropathy. The medical necessity of Gabapentin has not been established under the guidelines.