

Case Number:	CM14-0075603		
Date Assigned:	07/16/2014	Date of Injury:	07/19/1990
Decision Date:	09/19/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 Nevada. 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 65-year-old male who was reportedly injured on July 19, 1990. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 23, 2014, indicates that there are ongoing complaints of low back pain. The physical examination of the lumbar spine noted spasms and tenderness along the lumbar paraspinal muscles. There was a positive slump test, a positive Kemp's test and a positive left-sided straight leg raise test. Diagnostic imaging studies of the lumbar spine reveals a broad-based disc protrusion at L4 - L5 with severe bilateral foraminal narrowing. Previous treatment is unknown. A request was made for Gabapentin and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 800 mg for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines considers Gabapentin to be a first-line treatment for neuropathic pain. However, based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor are any radicular symptoms noted on physical examination. As such, this request for Gabapentin is not medically necessary.