

Case Number:	CM14-0077478		
Date Assigned:	07/18/2014	Date of Injury:	08/12/2010
Decision Date:	11/06/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old female with a 7/3/08 date of injury. At the time (5/14/14) of request for authorization for retro medication Gabapentin 250mg (4/17/2014) and retro medication Pyridoxine Hcl 100mg (4/17/2014), there is documentation of subjective (pain in the lower back, pain radiates to the bilateral lower extremity, hips, and buttocks) and objective (decreased muscles strength quadriceps, hamstring, gastrocnemius, unable to heel and toe walk) findings, current diagnoses (spinal stenosis lumbar region without neurogenic claudication, unspecified insomnia, thoracic/lumbosacral neuritis/radiculitis unspecified), and treatment to date (medications (including Nucynta, amitriptyline, promethazine, Restoril and Roxicodone)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro medication Gabapentin 250mg (4/17/2014): Overturned

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 Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). Within the medical information available for review, there is documentation of diagnoses of spinal stenosis lumbar region without neurogenic claudication, unspecified insomnia, thoracic/lumbosacral neuritis/radiculitis unspecified. In addition, there is documentation of neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for retro medication Gabapentin 250mg (4/17/2014) is medically necessary.

Retro medication Pyridoxine Hcl 100mg (4/17/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: MTUS does not address this issue. ODG identifies that vitamin B is not recommended, that it is frequently used for treating peripheral neuropathy but its efficacy is not clear. Therefore, based on guidelines and a review of the evidence, the request for retro medication Pyridoxine Hcl 100mg (4/17/2014) is not medically necessary.