

Case Number:	CM14-0160996		
Date Assigned:	10/06/2014	Date of Injury:	01/26/2009
Decision Date:	01/14/2015	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 Medicine 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:

This is a 53 year old male injured worker with date of injury 11/20/09 with related low back and left lower extremity pain. Per progress report dated 8/21/14, the injured worker reported that his pain level had decreased since his last visit. He rated his average pain level 4/10 with medications, and 8/10 without medications with decreased function, mood and impaired ability to sleep. He reported that pain occurred constantly, achy, burning, and sharp. In addition to pain he also complained of abnormal gait, muscle spasms, numbness, tingling and weakness. Treatment to date has included physical therapy, TENS unit, Acupuncture, Chiropractic Manipulation, Aqua Therapy, and Medication Management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to antiepilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and Pregabalin have been found to be safe and efficacious to treat pain and other

symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) 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." Per MTUS CPMTG page 17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." The documentation submitted for review indicates that the injured worker was taking Lyrica. There was no rationale provided as to why two antiepilepsy drugs were prescribed. The request is not medically necessary.